MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03465

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH

County: Baltimore

City or town: Mt Washington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Mt Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1223 Lake Ave

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Edgar E Akehurst

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 30 1894

8. AGE: Years: 54 Months: Days: If less than one day: hrs. min.

9. Birthplace: Butler Md (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business:

FATHER — 12. Name: William T Akehurst

13. Birthplace: Md.

MOTHER — 14. Maiden name: Margaret Naylor

15. Birthplace: Md.

16. Informant: George Akehurst

Address: 1223 Lake Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/29/49 (month) (day) (year)

Cemetery or crematory: Black Rock

Location: Butler Balto Co

18. Funeral director: Grant H Derk

Address: 814 N 36th St Baltimore City

19. 4/28/49 (Date rec'd by registrar) A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 19 49, at 4:30 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from January 10 19 49, to April 26 19 49

and that I last saw him alive on April 26 19 49

	DURATION
Immediate cause of death: Coronary occlusion	4 hours
Due to: Coronary Heart Disease	1 year
Due to:	
420.1	
Other conditions: Chronic Pulmonary Tuberculosis	2

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Leonard Wallenstein M. D. or other

Address: 848 N 36th St Date signed: 4/27/49

30 -
10 -
20 -
30
90

Chas. 6694

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03466

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Md Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3024 California Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural give location) 3024 California Ave

3. NAME OF DECEASED (Type or Print) (First) Alma (Middle) Belle (Last) Allison
4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 10, 1896
9. AGE last birthday 52 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chambersburg, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Spahr
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Robert S. Allison. 3024 California Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, uterus, cervix, vagina, bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

171

Antecedent cause(s)

48b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1949, to Apr. 10, 1949, that I last saw the deceased alive on Apr. 7, 1949, and that death occurred at 11.10 A.m., from the causes and on the date stated above.

SIGNATURE A. M. Bacon, M.D. (Degree or title) ADDRESS 2810 Taylor Ave. DATE SIGNED 4/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 4/12/49
NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery
LOCATION (City, town, or county) York, Pa (State)

DATE REC'D BY LOCAL REG. 4/11/49
REGISTRAR'S SIGNATURE A. M. Bacon
24. FUNERAL DIRECTOR Howard N. Blight Jr. 6009 Harford Rd. Balto-Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03467

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks Rural; LENGTH OF STAY (in this place) 35 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural); STREET ADDRESS (If rural, give location) Stringtown Rd

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Luther (Last) ALLISON

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb 1, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Allison

14. MOTHER'S MAIDEN NAME: Rachel Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. H. O. Allison, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cardio-Vascular-renal disease

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to April 7, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. Frame Parkton, Md 4/7/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr 10, 1949 | NAME OF CEMETERY OR CREMATORY Mt. Zion | LOCATION (City, town, or county) (State) Faceland, Md

DATE REC'D BY LOCAL REG. 4-9-49 | REGISTRAR'S SIGNATURE Wilmer C. Ensor | 24. FUNERAL DIRECTOR ADDRESS London M. Brooks, Sparks, Md

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03468

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 902 St. Paul St

3. NAME OF DECEASED (Type or Print) (First) Claire (Middle) Audoun (Last)

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/20/1898
9. AGE last birthday 50 yrs. If under 1 year: Months 11 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Safe Deposit & Trust Co
11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Milton W. Audoun
14. MOTHER'S MAIDEN NAME Mary Loretto McSherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Edna Carmichael 522 Old Orchard Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
170	Immediate cause	(a) Carcinomatosis	2 mo
50	Antecedent cause(s)	(b) Carcinoma Breast	3 yrs
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma Lt Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb, 1949, to 28th Apr 1949, that I last saw the deceased alive on 24 apr, 1949, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE M. Paul Byers (Degree or title) MD ADDRESS 3033 W North Ave Balto DATE SIGNED 4/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/2/49
NAME OF CEMETERY OR CREMATORY Green Mount
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. April 30th 1949
REGISTRAR'S SIGNATURE R.W. [signature]
24. FUNERAL DIRECTOR Wm Cook Inc 1217 St. Paul St ADDRESS

Evidence for change in #18 shown on:

FILM No. G 120 MAY 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03469

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1451 S. Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 1451 S. Rolling Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	REBECCA	AUSTIN	Apr.	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	single	Jan. 11, 1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Milliner.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thomas Austin
14. MOTHER'S MAIDEN NAME: Sophia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If year, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT: Miss Cora Austin — Relay, Md. 1451 S. Rolling Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis –	7 to 9 yrs.
513 Antecedent cause(s)	(c) Chronic purulent infection nasal accessory sinus	
93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic bronchitis & emphysema –	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1930., to April 6., 1949., that I last saw the deceased alive on April 5th, 1949., and that death occurred at ..... A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
I. Federick V. Beattie M.D. 723 Medical Arts Bldg Balto 1. 4-7-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/8/49	Mt. Olivet Cem.	Balto. Md.

DATE REC'D BY LOCAL REC.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/8/49	A. W. Fedrick	WM. J. TICKNER & SONS	Balto., Md.

03470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 618 Charles Street Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Illinois County:

City or town: Aurora (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: ARTHUR W. AVERY

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Elizabeth Tarbel

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 11, 1869

8. AGE: Years	Months	Days	If less than one day
80	1	1	... hrs. ... min.

9. Birthplace: Oswego, N.Y. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Amusement Concession Owner

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Mrs. Thomas Combellick

Address: Towson, Maryland

17. ~~Burial~~ Removal (Burial, cremation, or removal. Which?) Date thereof: April 12, 1949 (month) (day) (year)

Cemetery or crematory: Healey Funeral Home

Location: Aurora, Illinois

18. Funeral director: John Burns' Sons

Address: Towson, Maryland

19. April 12 1949 (Date rec'd by registrar) W. Carroll Van Horn, Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 April 1949, at 8 45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1948, to 12 Apr. 1949 and that I last saw him alive on 12 Apr. 1949

Immediate cause of death	DURATION
Coronary thrombosis	36 hrs.
Due to Coronary Arterio sclerosis	Several yrs.
Due to 420.1	
Other conditions 94a	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op.: ✓

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: R. W. Allison, M. D. or other

Address: 4 Burbeigh St. Towson 4 Md. Date signed: 12 Apr. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 16 1949
BUREAU V. S.

03471

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville
STREET ADDRESS (If rural, give location): 4-16-49

3. NAME OF DECEASED (Type or Print): (First) ROSE (Middle) E (Last) BALL

4. DATE OF DEATH (Month) (Day) (Year) ~~July 24th 1886~~

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 24, 1886
9. AGE last birthday: 62 yrs. — If under 1 year: Months 8, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charlestown N.J.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Albin
14. MOTHER'S MAIDEN NAME: Emily Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Elizabeth Mohrlein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 4 1/2 yrs

Antecedent cause(s) c Intestinal Tuberculosis — 2 yrs.

002 Bb

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1946 to Apr. 16, 1949, that I last saw the deceased alive on Apr. 15, 1949, and that death occurred at 5A m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) M.D. — ADDRESS: Fork, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/19/49 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county): Washington Dc (State)

DATE REC'D BY LOCAL REG.: 4/18/49 — REGISTRAR'S SIGNATURE: A.W. Hedrich — 24. FUNERAL DIRECTOR: William Cook Inc — ADDRESS: 1217 S Kent St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03473

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Md; LENGTH OF STAY (in this place) 1 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 Providence Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Md; STREET ADDRESS (If rural, give location) 604 Providence Rd

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) Anne (Last) Barlow

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 19 49

5. SEX: ~~Female~~

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: July 20, 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housewife~~

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Paul Hereth

14. MOTHER'S MAIDEN NAME: Sara Joslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Heart disease, chronic myocarditis & failure — Interval between onset and death: 3 wks

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & arteriosclerosis — Interval between onset and death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased~~ Anne from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Rollin G. Hudson M.D. DME Towson Md 4/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 4/5/49

NAME OF CEMETERY OR CREMATORY: Crown Hill Cem.

LOCATION (City, town, or county) (State): Indianapolis, Ind.

DATE REC'D BY LOCAL REG. 4-4-49

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

VS-A15

Dr. Golley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03472

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9614 Mason Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 9614 Mason Avenue

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Barker
4. DATE OF DEATH: (Month) April (Day) 21st (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 16, 1866
9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Daniel
14. MOTHER'S MAIDEN NAME: Elma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive Cardio Vascular Disease — Months

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 4/21, 1949, that I last saw the deceased alive on 4/20, 1949 and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Myron Golley, M.D. 5103 Harford Rd Balto 14, Md. 4/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-23-49 | NAME OF CEMETERY OR CREMATORY: Brookwood Cemetery | LOCATION (City, town, or county) (State): ~~North Carolina~~ Henry Co Va

DATE REC'D BY LOCAL REG. 4/ | REGISTRAR'S SIGNATURE: A.M. Bacon

24. FUNERAL DIRECTOR | ADDRESS: Leonard J. Ruck, 5305 Harford Road.

Henry Co Va

VS. A15

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03474

38

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 69 Murdock Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	M	Barnes	April	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	June 11, 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	-	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Vickery	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
-	-	Mrs. Willian Fenker 69 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, chronic myocarditis — 1 mo +

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — (unk)

13d (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While at work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson M.D.	D.M.E. Towson Md	4-4-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/6/49	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/49	C. W. Bodmer	WM. J. TICKNER & SONS	Balto., Md.

88

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03475

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard — LENGTH OF STAY (in this place) 26 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Adm. Hospital	STREET ADDRESS (If rural give location) 2320 Hunter Street

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) W.	(Last) BATTLE	4. DATE OF DEATH	(Month) April	(Day) 11.	(Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 4-2-92	9. AGE last birthday 57 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Battle			14. MOTHER'S MAIDEN NAME Martha Webb				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets. Adm. Hosp.,Ft.Howard, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
181 Immediate cause	(a) Cellulitis of pelvis, groin, scrotum and penis	3 days
52b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of bladder	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyonephrosis — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-16-1949 to 4-11-1949, that I last saw the deceased alive on 4-11-, 1949, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D. (H C Manaugh)	Chief Pro. Services	VAH, Ft.Howard, Md.	4-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/14/49	NAME OF CEMETERY OR CREMATORY Baltimore National Cem	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 4/13/49	REGISTRAR'S SIGNATURE H.W. Hedrick Dr	24. FUNERAL DIRECTOR Raynor Saunders, Baltimore, Md.	ADDRESS

Rayner Sanders 1412 E. Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03476

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn; MARYLAND; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2105 Park Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural give location): Dental Nursing Home

3. NAME OF DECEASED (Type or Print): (First) Gertrude (Middle) L (Last) Baumann

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Mch. 4 1907 | 9. AGE last birthday: 42 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Balto Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Otto B Baumann | 14. MOTHER'S MAIDEN NAME: Lillian Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Rose Baumann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease 422.1 932

(c) Epilepsy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo H McKieffer M.D. dep. Med. Exam. Balto. Co | ADDRESS: 1010 Leadenhall | DATE SIGNED: 4-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-25-49 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: April 24 1949 | REGISTRAR'S SIGNATURE: Henry A. Downing | 24. FUNERAL DIRECTOR: Howard J. Sweeney | ADDRESS: 2503 Edmondson Ave Balto. Md.

VS. A15

Peacock

RECEIVED
MAY 6 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03477

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS →

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) III MAIDEN CHOICE LANE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	WALLACE	BEASTEN	APRIL	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	JUNE 12-1879	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Chesapeake City, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Beasten	Mary F. Bochelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Joseph W. Beasten, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	2 3 hours.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis generalized	10 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February, 1939, to April 2, 1949, that I last saw the deceased alive on February, 1949, and that death occurred at 2.9: m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry M. Hansen	502 E. Preston Street Baltimore - 2 Md.	4/3/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/6/49	Cedar Grove Cemetery	Williamsburg, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
APR 4 - 1949	Huntington Williams, M.D.	William J. Tickner & SOns, N.& Pa. Aves.	

RECEIVED
APR 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03478

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Towson
LENGTH OF STAY (In this place) 1½ Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Nebraska COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Towson~~ Omaha
STREET ADDRESS (If rural, give location) ~~Bellona Avenue~~

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Catherine (Last) Bongardt

4. DATE OF DEATH (Month) April (Day) 26th (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec 21st 1870

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Munich, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Carl Siber

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Dr H. F. Bongardt 5009 Greenleaf Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Thrombosis	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Arteriosclerosis	2 yea rs
	(c)		

332
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia — 1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948 to April 26 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 1:45 P/m., from the causes and on the date stated above.

SIGNATURE H. Raymond Peters (Degree or title) M.D. ADDRESS 1127 N. Calvert St., Baltimore-2- DATE SIGNED Md

23. ~~[illegible]~~ REMOVAL (Specify)

DATE THEREOF April 27- 1949

NAME OF CEMETERY OR CREMATORY Holy Sepulcher

LOCATION (City, town, or county) Omaha, Nebraska (State)

DATE REC'D BY LOCAL REG. 4/27/49

REGISTRAR'S SIGNATURE A. W. Hedrick Jr.

24. FUNERAL DIRECTOR Wm J. Tickner & Sons ADDRESS Balto., Md.

EVIDENCE FOR CHANGE OF AGE IS ON:
FILM No. G 119 APR 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03479

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rural)
STREET ADDRESS (If rural, give location) Mayfield

3. NAME OF DECEASED (Type or Print) (First) John G (Middle) Boone (Last)
4. DATE OF DEATH (Month) 4-4-1949 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-20-1875
9. AGE last birthday 73 ~~74~~ yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Boone
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT John W.Boone, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 Immediate cause (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

51b Antecedent cause(s) (b) Carcinoma of Prostate c̄ — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1948, to Apr 4, 1949, that I last saw the deceased alive on Apr 3, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James M Howell ADDRESS Catonsville DATE SIGNED 4-5

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-6-1949
NAME OF CEMETERY OR CREMATORY St.Louis
LOCATION (City, town, or county) (State) Clarksville, Md

DATE REC'D BY LOCAL REG. 4/5/49
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR F.C.Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1949
BUREAU V. S.

Norton

Evidence for change of age is on:

FILM No. G 120 MAY 10 1949

03480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. de Sales

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SISTER MARY MADELEINE BRASHER

4. DATE OF DEATH (Month) (Day) (Year) Apr. 8th. 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 3, 1873
9. AGE last birthday 75 ~~76~~ yrs. If under 1 year Months 9 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religous
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Phillip Brasher
14. MOTHER'S MAIDEN NAME Laura Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sister Michaella

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary thrombosis	24 h.
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Chr. Coronary Insuff	3-4 yr
		(c) Hypertension	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3/, 1948, to 4/8/, 1949, that I last saw the deceased alive on 4/6/, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. Norton Jr. M.D. ADDRESS 1933 W. Balto. - Balto City DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/9/49
NAME OF CEMETERY OR CREMATORY Mt. de Sales
LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REG. 4-8-49
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03481

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; MARYLAND; LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow's Point; STREET ADDRESS (If rural, give location) 1248 Haddaway Rd

3. NAME OF DECEASED (Type or Print): (First) Connie (Middle) Celeste (Last) Brittain

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-20-1940

9. AGE last birthday: 8 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Blair Harrison Brittain

14. MOTHER'S MAIDEN NAME: Helen Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rosewood School Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501 Immediate cause (a) Bronchopneumonia — 24 hrs

872 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital Spastic Paraplegia Life

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ (Brain removed) No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 22, 1949, to Apr. 24 1949, that I last saw the deceased alive on Apr 24, 1949, and that death occurred at 4 50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isabel H. McClinton M.D. ADDRESS Rosewood Owings Mills Md. DATE SIGNED Apr 24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF April 26-49 — NAME OF CEMETERY OR CREMATORY Rosewood — LOCATION (City, town, or county) (State) Balto Co.

DATE REC'D BY LOCAL REG. 4-26-49 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR J. F. Eline Sons — ADDRESS Reisterstown, Md.

RECEIVED
APR 30 1949
BUREAU V. S.

STATE of Md.

03482

G73246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G73246

BIRTH NO.

1. NAME OF DECEASED (Type or Print): PANAYIOTIS (PETER) NICHOLAS BROUS

2. DATE OF DEATH: APRIL 6, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARADISE NURSING HOME CATONSVILLE, MD.

C. Length of stay in Baltimore: 10 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CATONSVILLE

D. STREET ADDRESS (If rural, give location): 113 So. PROSPECT AVE.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 1861

9. AGE (In years last birthday): 88 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONFECTIONER

10B. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): GREECE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NICHOLAS BROUS

14. MOTHER'S MAIDEN NAME: DIACHENTA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: N. P. BROUS, 113 So. PROSPECT AVE. ADDRESS: CATONSVILLE, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio sclerotic cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

442
131a

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis — Unknown

DUE TO

(C) Edema, bilat, legs, thighs — Unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 March, 1949, *to* April 6, 1949, *that I last saw the deceased alive on* April 4, 1949, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magness M.D.

23B. ADDRESS: Catonsville 28 Md

23C. DATE SIGNED: 4-8-49

24A. SIGNATURE OF CREMATORY

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The ...ge is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03483

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 919 F Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 919 F Street

3. NAME OF DECEASED (Type or Print) (First) Elma (Middle) V. (Last) Brown

4. DATE OF DEATH (Month) April (Day) 16, (Year) 1949

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH March 7, 1886

9. AGE last birthday 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Conrad C. Knochel

14. MOTHER'S MAIDEN NAME Bernardia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT James W. D. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Vascular Accident (R)	24 hrs.
83a Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to 4-16, 1949, that I last saw the deceased alive on 4-16, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS 520 O St. Sp. Pkg. Md. DATE SIGNED 4-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 19, 1949
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) Baltimore County (State) Md.

DATE REC'D BY LOCAL REG. April 18-49
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03484

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Long Green
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long Green Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green Md.
STREET ADDRESS (If rural, give location) Long Green Rd.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Francis (Last) Burnett

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/9/73
9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Burnett
14. MOTHER'S MAIDEN NAME Martha Scrimiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. J. F. Burnett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 4-27-49

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac disease — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1949, to 4/29, 1949 that I last saw the deceased alive on 4/29, 1949 and that death occurred at 11 - P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter M Hammett ADDRESS Baldwin DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/2/49
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Balto. (State)

DATE REC'D BY LOCAL REG. 4/28/49
REGISTRAR'S SIGNATURE W M Hammett
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1949
BUREAU V. S.

03485

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.- LENGTH OF STAY (in this place) 10½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) I. (Last) Burns.

4. DATE OF DEATH (Month) April (Day) 11, (Year) 1949.

5. SEX Male

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 21, 1870

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None.-

11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown.-

14. MOTHER'S MAIDEN NAME Jane Taylor.-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Albert Freeland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 10 days

420.1
94a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949 to Apr 11, 1949 that I last saw the deceased alive on April 11, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milner Bortner M.D. ADDRESS DATE SIGNED April 11, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE April 13 1949 NAME OF CEMETERY OR CREMATORY Pine Grove Cem. LOCATION (City, town, or county) Parkton, (State) Md.

DATE REC'D BY LOCAL REG. Apr 12/49 REGISTRAR'S SIGNATURE Chester L Fulton 24. FUNERAL DIRECTOR Jr. Jacob Hartenstein. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC 03486

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6821 Liberty Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 605 Collett St

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) Byrd (Last)

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1949

5. SEX: M

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb 14 1889

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Elsie Warren 605 Collett St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary heart disease

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Cardio vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10-55a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Geo McKieffer MD Dep Me Exam Balto Co — 1010 Leadenhall — 4-11-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 4-14-49 | NAME OF CEMETERY OR CREMATORY: mt auburn | LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG. 4/14/49 | REGISTRAR'S SIGNATURE: A.W. Hedrick Dep | 25. FUNERAL DIRECTOR: George D. Nelson — ADDRESS: 1303 Presstman St

Walter Cook

Sgt Leebno

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03486 A

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cinder Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
STREET ADDRESS (If rural give location): Cinder Road

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) B. (Last) Cage

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: Sept. 28, 1870

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilson

14. MOTHER'S MAIDEN NAME: Elizabeth Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Joe Trivett, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — 3 weeks

442 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131a
(b) Hypertensive cardio-vascular renal disease — 10 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to April 25, 1949, that I last saw the deceased alive on April 24, 1949, and that death occurred at 9:12 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell M.D. — ADDRESS: 730 York Rd Towson — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 27, 1949 — NAME OF CEMETERY OR CREMATORY: Cokesbury — LOCATION (City, town, or county) (State): Abingdon, Md.

DATE REC'D BY LOCAL REG. 4/25/49 — REGISTRAR'S SIGNATURE: A. W. Hedrich dm

24. FUNERAL DIRECTOR — ADDRESS: H. A. McComas & Son, Abingdon, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

wh 8-9-49

VS. A15

* Not a Statistical Division *
not tabulated for some reason.

11-14-50
ace

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03487

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Md.
STREET ADDRESS (If rural, give location) 75 Fenway N. Balto 21

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Josephine (Last) Carter

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)

8. DATE OF BIRTH Dec. 25, 1868

9. AGE last birthday 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwsf.

10b. KIND OF BUSINESS OR INDUSTRY Hwsf.

11. BIRTHPLACE (State or foreign country) York Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hugh Laird

14. MOTHER'S MAIDEN NAME Mary Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, ~~or unknown~~) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Florence Emerson 75 Fenway North, Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
434.3	Immediate cause	(a) Congestive heart failure	2 wks.
93e	Antecedent cause(s)	(b) Chronic non-valvular heart disease	2 yrs.
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to April, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas B. Haigley M.D. ADDRESS 815 Eastern Ave. DATE SIGNED 4/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial ------- DATE 4/30/49 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. LOCATION (City, town, or county) Balto. Md/ (State)

DATE REC'D BY LOCAL REG. 4/28/49 REGISTRAR'S SIGNATURE H.W. Hedrick J.D.

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto., Md.

03488

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: B ack River
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Back River
(If outside city or town limits, write RURAL and give nearest town)

Street No. 440 Oriole Avenue #24
(If rural, give LOCATION)

2.(a) If veteran, name war #1

3.(a) FULL NAME Frank Cerveny

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) December 1, 1891

8. AGE: Years 57 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Czechoslovakia
(Town, county, and state)

10. Usual occupation: retired

11. Industry or business

FATHER
12. Name: James Cerveny
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden name: Barbara Jindra
15. Birthplace: Czechoslovakia

16. Informant: Charles Cerveny - brother
Address: 733 N. Collington Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/25/49 (month) (day) (year)

Cemetery or ~~crematory~~ Oak Hill

Location: Horner's Lane, Baltimore, Md.

18. Funeral director: Schimunek Funeral Home, Inc.
Address: 2601-3-5 E. Madison Street

19. April 23rd 1949 (Date rec'd by registrar) A. W. Hedrick R.W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 22 1949 at 1 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1948 to Apr 22 1949 and that I last saw him alive on Apr 21 1949

Immediate cause of death: Bronchogenic carcinoma of left lung c̄ metastasis to brain — DURATION: Nov 15/48

Due to: 162

Due to: 47C

Other conditions: None.

(Include pregnancy within 3 months of death)

Major findings of operations: Same as above

Date of op. Dec 16/48

Autopsy results: None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. W. Schimunek M.D. M. D. or other

Address: 842 S. East Ave Date signed 4-22-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03489

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3915 Hollins Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) 3915 Hollins Ferry Road

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Ellen (Last) Chester

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug-22-1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 9 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy-worker

10b. KIND OF BUSINESS OR INDUSTRY: Household

11. BIRTHPLACE (State or foreign country): Frederick County Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Belt

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Edgar Chester, grandson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Occlusion of coronary artery — Interval between onset and death: 3 weeks

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertensive disease — 2.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19-, 1949, to 4-10-, 1949, that I last saw the deceased alive on April-9-, 1949, and that death occurred at 12 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walther H. Sonnenfeldt M.D. 2708 Hollins Ferry Rd. April-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 4/13/49 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/12/49 — REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Jno. George H. Holland — ADDRESS: 1635 Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03490

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Winters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 32 Winters Lane

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W (Last) Chew
4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 2, 1884
9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William Chew
14. MOTHER'S MAIDEN NAME: Mary ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Agnes Chew 32 Winters Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 days
331 Antecedent cause(s)
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arterio-Sclerosis — ?
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-, 1949, to 4-22-, 1949, that I last saw the deceased alive on 4-22-, 1949 and that death occurred at 12.45P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
C. F. Maloney. MD — 57 Winters Lane Balto. 28 Md. — 4-22-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 4-26-49 | NAME OF CEMETERY OR CREMATORY: Wesrern Star Cem | LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG. April 23. 1949. | REGISTRAR'S SIGNATURE R. W. Roderick | 24. FUNERAL DIRECTOR: Mrs Frances A. Hemsley | ADDRESS: 578 W. Budd St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03491

Evidence for change of age is on:

FILM No. G 120 MAY 4 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills	LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND	COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OWINGS MILLS	
STREET ADDRESS (If rural give location) REISTERSTOWN ROAD	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE		CHRISTY	April	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	White	Widowed	1867	~~81~~ 82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	ONTARIO, CANADA	CANADA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN CHRISTY	MARY ALLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	JOHN C. CHRISTY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	7 days
	(c) Arteriosclerotic C.V. Disease	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

422.1
93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1948, to April 24, 1949, that I last saw the deceased alive on April 24, 1949, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel, M.D.	Reisterstown, Md.	4/24/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-27-1949	Johnston's Cornes Cemetery	Ontario	Canada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/49	A W Hedrick M.D.	G. Howard Strong	3207 W. North Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03492

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 20 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural give location) 411 First Street

3. NAME OF DECEASED (Type or Print): (First) CARROLL (Middle) HINTON (Last) COATES

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-19-1899

9. AGE last birthday: 50 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter

10b. KIND OF BUSINESS OR INDUSTRY: Married

11. BIRTHPLACE (State or foreign country): Shadyside, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Coates

14. MOTHER'S MAIDEN NAME: Mary Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331
108

Immediate cause (a) Cerebral Hemorrhage (History) — Interval Between Onset and Death: 14 Days

Due to: Arteriosclerosis Duration: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hypertrophy — Duration: Unknown
Lobular Pneumonia — Duration: 1 Day

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23-, 1949 to 4-12-, 1949, that I last saw the deceased alive on 4-12-, 1949, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft.Howard, Md. 4-13-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 4/16/49 | NAME OF CEMETERY OR CREMATORY [redacted] | LOCATION (City, town, or county) (State): Annapolis, Maryland,

DATE REC'D BY LOCAL REG. 4/13/49 | REGISTRAR'S SIGNATURE A.W. Bedsch DM.

24. FUNERAL DIRECTOR ADDRESS: Charles Hicks, Annapolis, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03493

Reg. Dist. No. 4/

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
STATE MARYLAND
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - Rural
STREET ADDRESS (If rural give location) 4408 Ritchie Highway

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) N. (Last) COLVIN

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-24-84

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Colvin

14. MOTHER'S MAIDEN NAME Ellen Denham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 218-12-2428

17. INFORMANT Clin.Rec.Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EDEMA	2 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	unknown
	Pulmonary Emphysema	unknown
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1949, to 4-27, 1949, that I last saw the deceased alive on 4-27, 1949, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. McNaugh, M. D. CHIEF, PROFESSIONAL SERVICES VAH, FORT HOWARD, MD. 4-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/2/49

NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery

LOCATION (City, town, or county) (State) 6501 Frederick Road

DATE REC'D BY LOCAL REG. 4/28/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Blight Funeral Home

ADDRESS 6009 Harford Rd. Baltimore, Md.

DM Howard N. Blight Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Parkville
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS at private home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York - COUNTY Herkimer
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frankfort - N.Y.
STREET ADDRESS (If rural give location) 534 Litchfield

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Alvin (Last) Conkling

4. DATE OF DEATH (Month) Apr - (Day) 15 - (Year) 49 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July - 29 - 76
9. AGE last birthday 72 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY Engineer
11. BIRTHPLACE (State or foreign country) Grant - N.Y.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Conkling
14. MOTHER'S MAIDEN NAME Amy — ? —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — ? — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 060-18-6063
17. INFORMANT Mrs Mabel M Gualillo (daughter) 1333 Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion, c̄ myocardial Infarction	7 hours
Antecedent cause(s)	(b) Coronary arteriosclerosis	Indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) 2 previous coronary occlusions	2 & 1 yr.

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1PM 15 April, 1949, to 9PM 15 Apr, 1949, that I last saw the deceased alive on 6PM 15 April, 1949, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE John Stott Jr. (Degree or title) MD. ADDRESS 2020 N. Charles St Baltimore 18 Md DATE SIGNED 16 April 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr -
NAME OF CEMETERY OR CREMATORY probably Frankfort
LOCATION (City, town, or county) Frankfort NY (State)

DATE REC'D BY LOCAL REG. April 15, 49
REGISTRAR'S SIGNATURE W. Carroll Van Horn Dep. Ind.
24. FUNERAL DIRECTOR Stewart & Morrow Co - Balto. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03495

CERTIFICATE OF DEATH

Reg. Dist. No. ~~191~~ 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ilchester
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) ANDREW	(Middle) G.	(Last) COOPER	4. DATE OF DEATH	(Month) 4	(Day) 29	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 8-15-87	9. AGE last birthday 61 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ilchester, Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Alphonso Cooper			14. MOTHER'S MAIDEN NAME Susana Kerger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY No. Unknown	17. INFORMANT Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL FAILURE	14 hours
592 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE	3 years
	(c) CHRONIC GLOMERULONEPHRITIS	3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1949, to April 29, 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, FT. HOWARD, MD.			4-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 2/49	NAME OF CEMETERY OR CREMATORY St. Augustine	LOCATION (City, town, or county) (State) Elkridge Md.
DATE REC'D BY LOCAL REG. 4/30/49	REGISTRAR'S SIGNATURE John B. Loughran Per. Dawson L. Farber B.E.L.	24. FUNERAL DIRECTOR Easton Sons Funeral Home	ADDRESS 608 Frederick Ave., Baltimore, Md.

RECEIVED
MAY 9, 1949
BUREAU V. S.

RECEIVED
MAY 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bur 03496

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2001 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Cowman

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 5, 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? none

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Edward Cowman

14. MOTHER'S MAIDEN NAME: ? Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Joseph Harlan, 707 Title Bldg., Balto., Md. Medical records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	10 years (?)
	(c) Senile psychosis	10 years +

491
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1949, to April 16, 1949, that I last saw the deceased alive on April 16, 1949, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Murray M. Murdock M.D. ADDRESS Sheppard & Enoch Pratt Hospital Towson, Md. DATE SIGNED April 16, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE April 20 49 NAME OF CEMETERY OR CREMATORY Friends Burying ground LOCATION (City, town, or county) Harford Ave. Balto. Md. (State)

DATE REC'D BY LOCAL REG. 4/19/49 REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR John C. Mitchell & Sons, Inc. ADDRESS 1900 Eutaw Pl. Malcolm B. Mitchell

03497

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:

County: Baltimore

City or town: White Marsh
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: White Marsh
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Bird River Grover
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: SOPHIA B. CZEBOTAR

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 11, 1892

8. AGE: Years	Months	Days	If less than one day
56	11	12	..... hrs. ..... min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Poland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Poland

16. Informant: Czebotar Family

Address: Bird River Grover

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 28 (month) (day) (year) 49

Cemetery or crematory: Holy Trinity Russian

Location: Elkridge Md

18. Funeral director: John A. Grebhanchas Jr.

Address: 1905 E. Pratt Street

19. 4/28 (Date rec'd by registrar) 1949 A W Hedrick Dr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 1949, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12, 1949 to April 23, 1949 and that I last saw him alive on April 23, 1949

Immediate cause of death	DURATION
Congestive Heart Failure	11 da.
Due to Malnutrition c̄ avitaminosis	1 yr.
Due to Chronic Rheumatoid arthritis	10 yrs
Other conditions	

722.0
59a (Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Clifford F. Hudson, M.D. M. D. or other

Address: Fork, Md. Date signed: 4/26/49

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03498

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Howard Co. Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Taylor Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 408 Taylor Ave

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) Dailey (Last)
4. DATE OF DEATH (Month) April (Day) 6 (Year) 1949

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec. 25, 1908
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkridge Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dailey
14. MOTHER'S MAIDEN NAME Hester Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ada Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Carcinoma of the Uterus — INTERVAL BETWEEN ONSET AND DEATH 7 mo - 27 day

48b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1948, to 4-6-, 1949, that I last saw the deceased alive on 4-6-, 1949, and that death occurred at 5.50A m., from the causes and on the date stated above.

SIGNATURE A. F. Maloney MD (Degree or title) ADDRESS 57 Winters Lane Balto. 28 Md. DATE SIGNED 4/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 9, 1949
NAME OF CEMETERY OR CREMATORY McLaughn Cem.
LOCATION (City, town, or county) Elkridge (State) Md.

DATE REC'D BY LOCAL REG. 4/8/49
REGISTRAR'S SIGNATURE A. W. Hanish
24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N. Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03499

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sparrows Point; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2227 Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sparrows Point
STREET ADDRESS (If rural, give location) 7217 Bucher Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Dailey
4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: Aug 1945
9. AGE last birthday: 3 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Owen G. Dailey
14. MOTHER'S MAIDEN NAME: Pearl Stewart
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Donald Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory failure — Interval between onset and death: 1 day

204.0 Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) anemia secondary to [redacted] acute lymphatic leukemia — 2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25, 1941, to 4-27, 1949, that I last saw the deceased alive on 4-25, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title) M.D. ADDRESS: Sparrows Point, Md. DATE SIGNED: 4-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: April 29, 1949
NAME OF CEMETERY OR CREMATORY: Sacred Heart
LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: April 28-49
REGISTRAR'S SIGNATURE: Dawson L. Farber
24. FUNERAL DIRECTOR: Roland L. Fischer, Dundalk, Md. ADDRESS

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 38

03500

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 504 ds

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bellona Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Dr. William Minor Dabney

3 (b) If veteran, name war
3 (c) Social Security No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Leiper Martin
(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 21 1873

8. AGE: Years 75 | Months 8 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Charlottesville Va
(Town, county, and state)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Dr William Cecil Dabney
13. Birthplace Va.

MOTHER
14. Maiden Name Jane Belle Minor
15. Birthplace Va.

16 (a) Informant Mrs Wm M. Dabney
(b) Address Ruxton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 1949 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Garrison Forest Md

18 (a) Funeral director Henry W. Jenkins & Sons Co
(b) Address 7th 4905 York Rd.

19 (a) 4/21/49 (Date rec'd by registrar) (b) A. W. Redmond Registrar

MEDICAL CERTIFICATION

20. Date of death April 21 1949 at 1201 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1946, to April 21 1949, and that I last saw him alive on April 20 1949.

Immediate cause of death	Duration
Bronchopneumonia (Aspiration)	6 days
Due to Generalized Arteriosclerosis & Parkinsons Disease	15 yrs 4 yrs
Due to	
Other conditions	

45210 107

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D. or other

Address 18 E. Eager St Balto. Md Date signed April 21, 49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03501

CERTIFICATE OF DEATH

Reg. Dist. No. 738

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Chesapeake & Charles St Aves.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Christina (Last) Dennis

4. DATE OF DEATH: (Month) Apr (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 17 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. 4 Days 20 Hours Min. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Madonna Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Henry J Horn

14. MOTHER'S MAIDEN NAME: Annie C Ortz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: John A Horn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 4 days.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last (b) Arter sclerosis & Hypertension — unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1949, to 4/26, 1949, that I last saw the deceased alive on 4/26, 1949, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE: Albert Green Jr. (Degree or title) M.D. ADDRESS: Towson 4 Md DATE SIGNED: 4/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Apr 29-49 | NAME OF CEMETERY OR CREMATORY: Mt Watkins Mem. | LOCATION (City, town, or county) (State): Co of Town Harford Md

DATE REC'D BY LOCAL REG.: Apr. 27-49 | REGISTRAR'S SIGNATURE: Dep Local W. Carroll Van Horn | 24. FUNERAL DIRECTOR: Martin G Kurtz | ADDRESS

RECEIVED
MAY 3 1949
BUREAU V. S.

Bc

03502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3416 E. Fairmount Ave

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) W. (Last) Discher, Sr.

4. DATE OF DEATH (Month) April (Day) 13, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 2-11-1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shirt Cutter
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Discher
14. MOTHER'S MAIDEN NAME Elizabeth Sheuffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clin. Rec. Vets. Adm. Hospital, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMBOLI	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mural Thrombi	4 wks.
	Infarct of Heart and Coronary Occlusion	unknown
	(c) Due to Arteriosclerosis	unknown

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Heart Due to Hypertension — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-49 19....., to 4-13-....., 19 49, that I last saw the deceased alive on 4-13-49, 19....., and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/16/49
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/14/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

03503

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto Transit railway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 2542 Old Frederick Rd

3. NAME OF DECEASED (Type or Print) (First) Douglas (Middle) Lonzo (Last) Dyson

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 30 1918
9. AGE last birthday 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Lawrence Dyson
14. MOTHER'S MAIDEN NAME Annie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Annie Dyson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

840.5 Immediate cause (a) Crushed skull, fracture of leg

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and arm. accident

M1a (c) struck by Balto Transit Car

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) April 30, 1949, 10 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by Electric Railway Car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo M Kieffer MD (Degree or title) Dep Med Exam. Balto Co ADDRESS 1010 Leeds ave Balto Md DATE SIGNED April 30 49

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 5/3/49
NAME OF CEMETERY OR CREMATORY Good Sheppard
LOCATION (City, town, or county) Ellicott City (State) Md

DATE REC'D BY LOCAL REG. 5/3/49
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR Mae Nabb D Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03505

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonleigh; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR ~~INSTITUTION OR~~ STREET ADDRESS 521 Murdock Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stonleigh; STREET ADDRESS (If rural give location) 521 Murdock Rd

3. NAME OF DECEASED (Type or Print): First FRANK; Middle; Last ELY

4. DATE OF DEATH: Month April; Day 13th; Year 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 19th 1886

9. AGE last birthday: 63 yrs.; If under 1 year: Months 3, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Allen Sour Co

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Jacob Ely

14. MOTHER'S MAIDEN NAME: Josephine Lantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-03-0909

17. INFORMANT: Donald M. Ely 521 Murdock Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	20 Jan 49 - Date
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerotic Cardio - Vascular Disease	7 Years
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1947, to 13 apr., 1949, that I last saw the deceased alive on 12 apr., 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE; (Degree or title); ADDRESS; DATE SIGNED

Charles H. Fein M.D. 6701 York Rd Balto. 12. Md. 13 apr. '49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE 4/15/49; NAME OF CEMETERY OR CREMATORY: Balto; LOCATION (City, town, or county): Balto; (State): Md.

DATE REC'D BY LOCAL REG. 4/14/49; REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc.; ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03504

Reg. Dist. No. 42

Evidence for addition in #18-part 1 shown on: (B)

FILM No. G 12C MAY 25 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 176 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; STREET ADDRESS (If rural, give location) 176 Baltimore Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	L.	FIOL	Apr.	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
male	white	married	Jan. 26, 1890	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor Machinist	U.S.Naval Gun Fctry	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Domingo Fiol	Alice Gilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Mrs. Mabel C. Fiol - 176 Baltimore Ave., Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
162 Immediate cause	(a) Mediastinal tumor; malignant	1 yr
Antecedent cause(s)		
47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic carcinoma of right lung 5/24/49	-
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☞

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Baltimore		Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/1, 19 48 to 4/4, 19 49, that I last saw the deceased alive on 4/4, 19 49 and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Benjamin Weller MD	2030 Wilkens ave	4/7/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/49	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 7-49	C.W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03506

CERTIFICATE OF DEATH

Reg. Dist. No. 3 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Waldron Ave.	STREET ADDRESS (If rural give location) 9 Waldron Ave.

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ADELAIDE	(Last) FLAHARTY	4. DATE OF DEATH	(Month) APRIL	(Day) 2	(Year) 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH JAN. 19, 1861	9. AGE last birthday 88 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isac Piersol		14. MOTHER'S MAIDEN NAME Margaret Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. E. Way Flaharty-9 Waldron Ave., Pikesville Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	3 weeks
Antecedent cause(s) 450.0	(b) Fracture of the neck of the Rt Femur	3 mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1860a	(c) Arteriosclerosis. old age.	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cataract, blindness.	15 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) PIKESVILLE	(COUNTY) (STATE) BALTIMORE, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov., 1946, to April, 1949, that I last saw the deceased alive on March 25, 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Altman	M.D.	9 Waldron Ave. Pikesville	4/2/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/5/49	Mt. Olivet Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/4/49		WM. J. TICKNER & SONS	Balto., Md.

(over)

BIRTH NO. [illegible] No. G 120 MAY 16 1949

CERTIFICATE OF DEATH

Registered No. 42

1. NAME OF DECEASED (Type or Print): CAROLINE KACULIS GAILUNAS

2. DATE OF DEATH: April 25, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 3112 VIRGINIA AVE
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none
c. Length of stay in Baltimore: Yrs. 52 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 30 MARYLAND
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE Co.
D. STREET ADDRESS (If rural, give location): 3112 VIRGINIA AVE BALTO HIGHLANDS

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	married	May 5, 1878	70 ##		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		LITHUANIA	U.S.A.

13. FATHER'S NAME: UNKNOWN.

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	No	None	JOHN GAILUNAS	3112 VIRGINIA AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO Chronic Myocarditis.
(B) Diabetes Mellitus — 5 years
DUE TO
(C) Chronic Nephritis — 3 years

ANTECEDENT CAUSES

260

61 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
		—

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* 3-26, 1949, *to* 4-25, 1949, *that I last saw the deceased alive on* 4-25-, 1949, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John B. Uhler, Jr. M. D.	1227 Wash Blvd	4-27-49

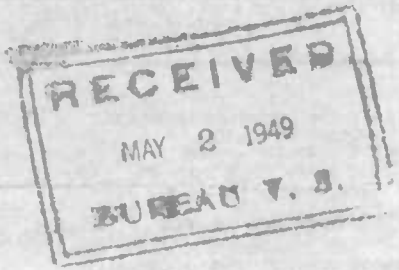
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town or county) (State)
Burial	4/28/49	St. Stanislaus	Dundalk Road Md

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 28 1949	Emlington Williams, M.D.	D. Kachaunker	703 McHenry St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age is on:
Film #G120, May 16, 1949



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03508

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 9 mos. 30das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) Seton Institute (over)

3. NAME OF DECEASED (Type or Print): (First) Alice; (Middle) —; (Last) Gately

4. DATE OF DEATH: (Month) 4 - (Day) 7 - (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-11-1861

9. AGE last birthday: 87 yrs. If under 1 year: Months 3 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ?

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick Gately

14. MOTHER'S MAIDEN NAME: Margaret Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset and Death: indefinite

312 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular-renal disease — "

(c) Mild hypertensive cardiovascular disease — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1948, to 4-7, 1949, that I last saw the deceased alive on 4-7, 1949, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Catonsville-28, Maryland DATE SIGNED 4-7-49

Isadore Tuerk, M.D., Clinical Director, Spring Grove State Hospital

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 4-9-49 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Zeels Md (State)

DATE REC'D BY LOCAL REG. 4/8/49 — REGISTRAR'S SIGNATURE J.W. Hedrick — 24. FUNERAL DIRECTOR Stewart & Moore Company — ADDRESS

NB - At Seton Institute since 1902 - no other address or contact at time of death. (by phone to Seton Inst. 5-11-49)

ams

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03509

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Towson Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: 305 E Pennsylvania Ave — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto Co.
STREET ADDRESS (If rural, give location): 305 E Pennsylvania Ave

3. NAME OF DECEASED (Type or Print) (First) Percy (Middle) Scott (Last) German

4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/9/1899

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Milk Business

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. E. German

14. MOTHER'S MAIDEN NAME: Hattie Dosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs P. S. German

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Cardiac dilatation	6 hrs
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	1946 1949
	(c) Chronic Myocarditis	1940

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chorea and Endocarditis — 1906

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, 1940, to April 10, 1949, that I last saw the deceased alive on April 9, 1949, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE: G. W. Bishop — (Degree or title) A.B. & M.D. — ADDRESS: 603 S Sheridan C — DATE SIGNED: April 11-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/13/49 — NAME OF CEMETERY OR CREMATORY: Prospect Hill — LOCATION (City, town, or county) (State): Towson

DATE REC'D BY LOCAL REG.: 4/13/49 — REGISTRAR'S SIGNATURE: H. W. Hedrick

24. FUNERAL DIRECTOR: J. J. Fahey Sons — ADDRESS: 1318 Light St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03510

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oaklee Village Apt. 164

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Oakley Village - Apt. 164

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	HENRY	GILDEA, III		April	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	Divorced ?	Oct. 16, 1900	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -Insurance
10b. KIND OF BUSINESS OR INDUSTRY: Jno.H.Gildea, Jr.
11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Gildea, Jr.
14. MOTHER'S MAIDEN NAME: May Yeakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mr. Ray Y. Gildea 106 E. Belvedere Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

148
45 f

Immediate cause (a) Cancer of Pharynx + Larynx — 2 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1947, to April 9, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wilmer K. Gallagher, M.D. 6209 Frederick Rd. Balto 28, Md. 4-9-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/11/49	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG. 4/11/49 — REGISTRAR'S SIGNATURE H.W. Hedrick DM

24. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03511

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural); LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks (Rural); STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Andrew; (Middle) Rufus; (Last) Gill

4. DATE OF DEATH: (Month) Apr. (Day) 15 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb. 27 1879

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10b. KIND OF BUSINESS OR INDUSTRY: Bldg & Contracting

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G Gill

14. MOTHER'S MAIDEN NAME: Mollie Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-18-1839

17. INFORMANT: Mrs. Rufus Gill, Sparks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carbon monoxide poisoning - Suicide	4/14/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Myocardial degeneration - heart	

973.2
1630

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Suicide | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Rufus Gordon Gill (Degree or title) | ADDRESS R.M.F. Towson Md | DATE SIGNED 4/15/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr. 18 1949 | NAME OF CEMETERY OR CREMATORY Blade Rock | LOCATION (City, town, or county) (State) Butler Balto Co. Md

DATE REC'D BY LOCAL REG. 4-20-49 | REGISTRAR'S SIGNATURE Mary B. Ehling.

24. FUNERAL DIRECTOR Landon M. Bosley | ADDRESS Sparks Md

VS. A15

RECEIVED
APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03512

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5517 Gwynndale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 5517 Gwynndale Ave.

3. NAME OF DECEASED (Type or Print): (First) Harriett (Middle) V. R. (Last) Glasscock

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 29, 1895

9. AGE last birthday: 53 yrs yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~Unknown~~ Edward Gray Blythe

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Richard C. Glasscock, Woodlawn, Md. 5517 Gwynndale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 1 week

443 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) None (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19 48, to April 19 49, that I last saw the deceased alive on April 19 19 49 and that death occurred at 6.55 A. m., from the causes and on the date stated above.

SIGNATURE MARTIN L. SINGERMAN (Degree or title) M.D. ADDRESS 1109 St. Paul St. DATE SIGNED 4/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 22, 1949

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 4/21/49

REGISTRAR'S SIGNATURE: A. W. Resch

24. FUNERAL DIRECTOR: Willis Lamoreau ADDRESS 4510 Liberty Hgts Ave.

VS. A15

03513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradshaw
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nenrest town) OR TOWN: Bradshaw
STREET ADDRESS (If rural, give location): Sunshine Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Edward (Last) Green
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 26-1891
9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Wm. Green
14. MOTHER'S MAIDEN NAME: Elizabeth Zapf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-4206
17. INFORMANT: Mrs. Hazel Green - Bradshaw Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute Coronary Occlusion

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arthritis of the spine

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1949, to 4/4, 1949, that I last saw the deceased alive on 4/4, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: John F. Noguera (Degree or title) MD. ADDRESS: Kingsville, Md. DATE SIGNED: 4/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4-6-49
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto Md.
DATE REC'D BY LOCAL REG.: 4/5/49
REGISTRAR'S SIGNATURE: A. W. Hedrich
24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03514

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 434 Ingleside

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 434 Ingleside Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Kate Savage Griffith

4. DATE OF DEATH (Month) (Day) (Year) April 27 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug 16 1868

9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Tenpen Ville Va. U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Savage

14. MOTHER'S MAIDEN NAME Margaret Guyford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Knight S Griffith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Cerebral Hemorrhage	18 da.
Antecedent cause(s) 932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	15 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1949, to Apr 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilson K. Gallagher M.D. ADDRESS 6209 Frederick Rd. Balto. 28, Md. DATE SIGNED 4/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Apr 29/49 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) (State) Balto City

DATE REC'D BY LOCAL REG. 4/29/49 REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Edw S Mac Nabb Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03515

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Md; LENGTH OF STAY (In this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Md.; STREET ADDRESS (If rural give location) 319 Homberg Ave.

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Elizabeth (Last) Haensler

4. DATE OF DEATH: (Month) April (Day) 2nd (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED

8. DATE OF BIRTH: Sept. 13, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months 0, Days 19. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Granruth

14. MOTHER'S MAIDEN NAME: Elizabeth Heigert Granruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Button

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 5 years

331 830

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 46, to April 2, 19 49, that I last saw the deceased alive on April 2, 19 49, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas B. Farley M.D. 818 Eastern Ave Balto. Md 4/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Apr 5/49

NAME OF CEMETERY OR CREMATORY: Mt Carmel

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Apr. 4-49

REGISTRAR'S SIGNATURE: John S. Connelly

24. FUNERAL DIRECTOR: Philip Henrig Sons, ADDRESS 2024 Orleans St

RECEIVED
MAY 20 1949
BUREAU OF S

Evidence for change in age shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 MAY -6 1949

CERTIFICATE OF DEATH

03516

Reg. Dist. No. 7-38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural; Towson	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Md.	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland	COUNTY: Balto Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Rural	
STREET ADDRESS (If rural give location): 10 Henry ave	

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) ALICE (Last) HARTLEY				4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1949			
5. SEX: F	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 12-20-26	9. AGE last birthday: 22 yrs.	If under 1 year: Months 3	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Irving Hartley		14. MOTHER'S MAIDEN NAME: Alice Ashworth						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 / 130

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 4, 1949, to Apr 27, 1949, that I last saw the deceased alive on Apr 27, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W A Brides	M.D.	Eudowood Sanatorium, Towson 4, Md.	

23. BURIAL, CREMATION / REMOVAL (Specify): Burial	DATE: 4/30/49	NAME OF CEMETERY OR CREMATORY: Parkwood	LOCATION (City, town, or county): Balto	(State): Md.
DATE REC'D BY LOCAL REG.: 4/28/49	REGISTRAR'S SIGNATURE: H W Hedrick	24. FUNERAL DIRECTOR: Lansdale Funeral Home	ADDRESS	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03517

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY B. a. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural give location) 4116 Fourth St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin F.		HASLUP	4	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	10-10-87	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Franklin Haslup	Mary A. Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW I	unknown	Clin.Rec.Vets.Adm.Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-15, 1949, to 4-21, 1949, that I last saw the deceased alive on 4-21, 1949, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Manaugh
H. C. MANAUGH, M. D. CHIEF, PROFESSIONAL SERVICES VAH, FT.HOWARD, MD. 4-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/49	Cedar Hill Cemetery	Cedar Hill, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 23. 1949	R.W.	Blight Funeral Home Howard H. Blight Jr.	6009 Harford Rd. Baltimore, Md.

Evidence for change in #18; parts 1 & 2 shown on: FILM No. G 120 MAY 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03518

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 E. Pennsylvania Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 311 E. Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) McCoy (Last) Hause

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 6, 1857

9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Redbank, Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Hause

14. MOTHER'S MAIDEN NAME: Ruth E. McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Grace H. Hause

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Respiratory Failure due to Lobar Pneumonia — Interval Between Onset and Death: 1 Month.

Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis — 10 years.

(c) Myocarditis — 2-3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to April 23 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 3 1/2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles O'Donnell MD 730 York Rd 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: April 26, 1949

NAME OF CEMETERY OR CREMATORY: Musgrove Funeral Home

LOCATION (City, town, or county) (State): Claremore, Oklahoma

DATE REC'D BY LOCAL REG.: April 26-49

REGISTRAR'S SIGNATURE Dep Local: W. Carroll Van Horn

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03519

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STATE: MARYLAND; LENGTH OF STAY (in this place): 2 mos. 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural give location): Baltimore City Hospitals

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) HAYSLETT

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: October 30, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months 5, Days 19, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad work

10b. KIND OF BUSINESS OR INDUSTRY: Railway

11. BIRTHPLACE (State or foreign country): Clifton Forge Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Hayslett

14. MOTHER'S MAIDEN NAME: Cora Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

355 87e

Immediate cause (a) Huntington's Chorea — Interval Between Onset and Death: Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxic exhaustive psychosis — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to April 18, 1949, that I last saw the deceased alive on April 18 1949, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Catonsville 28, Maryland DATE SIGNED 5/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Buried; DATE: 5-6-49; NAME OF CEMETERY OR CREMATORY: Spring Grove Hosp.; LOCATION (City, town, or county) (State): Catonsville 28, Md.

DATE REC'D BY LOCAL REG. 5/6/49; REGISTRAR'S SIGNATURE: H. E. Harry

24. FUNERAL DIRECTOR ADDRESS: Spring Grove Hosp. Catonsville 28, Md.

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03520

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baeto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Egges Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY 12 Egges Lane Baeto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md.
STREET ADDRESS (If rural, give location) 12 Egges Lane

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Berry (Last) Hayenworth

4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1949

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1/21/1873 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: C-P-Co | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: George Hayenworth | 14. MOTHER'S MAIDEN NAME: Camilla Berry.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Camilla E Kroll.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval between onset and death: 8 hrs

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

154.0 (b) Arteriosclerosis, generalized — Unknown

(c) — —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteomyelitis, shaft, RT humerus — 30+yrs

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Aug., 1948, to 5 April, 1949, that I last saw the deceased alive on 4 April, 1949, and that death occurred at 730 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stephen Lee Magness M.D. Catonsville, Md 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 4/8/49 | NAME OF CEMETERY OR CREMATORY Meadow Ridge | LOCATION (City, town, or county) (State) Howard Co Md.

DATE REC'D BY LOCAL REG. 4/7/49 | REGISTRAR'S SIGNATURE V E Harry | 24. FUNERAL DIRECTOR — ADDRESS: Edward MacNabb.

RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

03521

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.
LENGTH OF STAY (in this place) 1yr 9mo. 30d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1406 W. Hollins Street

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) (Marce) (Last) Heddinger

4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 9/9/1869
9. AGE last birthday 79 yrs. If under 1 year Months 6 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John Heddinger
14. MOTHER'S MAIDEN NAME Mary E. Heddinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Spring Grove Hospital Records, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	5 days
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyeletis, recurrent	6 days
	(c) Arteriosclerotic Cardiovascular disease	indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1947, to 4/1, 1949, that I last saw the deceased alive on 4/1, 1949, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Isadore Tuerk, M. D., Catonsville 28, Maryland DATE SIGNED 4/2/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE APRIL 5 '49 NAME OF CEMETERY OR CREMATORY LOUDON PARK LOCATION (City, town, or county) BALTO. MD (State)

DATE REC'D BY LOCAL REG. 4/4/49 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR HARRY H WITZKE - 4101 EDMONDSON AVE ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03522

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): Thomas M. Hickson

2. DATE OF DEATH: 4/19/1949 12 Noon.

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Essex, Balto. Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1201 - 63rd st.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto — Essex
D. STREET ADDRESS (If rural, give location): 1201 63rd st.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	4/7/1894	55	0	12		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Building	Aken, S. Car.	

13. FATHER'S NAME: James W. Hickson

14. MOTHER'S MAIDEN NAME: Udora Hickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		217-03-6516	Anna A. Hickson	1201-63rd st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Coronary Occlusion	½ hour
DUE TO (B)	Myocarditis	Unknown
ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	Arteriosclerosis	Unknown
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Chronic Bronchitis	

420.1
93d

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19, 1949 *to* April 19, 1949, *that I last saw the deceased alive on* April 19, 1949, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Philibert Artigiani M. D.	2942 E. Fayette Street	4/20/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4/23/49	Holy Redeemer	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
APR 21 1949	Huntington Williams, M.D.	Wm Cook Inc.	1217 St. Paul st.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NAME: LETTER FROM MR. KATENKAMP, INFORMANT, FILMED G120 5-16-49 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03523

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 19 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Campfield Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Katharine ~~Kinkel~~ HINKEL

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 13, 1860

8. AGE: Years	Months	Days	If less than one day
88			hrs. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Seamstress
11. Industry or business

FATHER
12. Name: Henry
13. Birthplace: Baltimore

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mr. Theodore Katenkamp
Address: Augsburg Home Campfield Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/7/49 (month) (day) (year)
Cemetery or crematory: St. Paul Violetville
Location: Violetville Md

18. Funeral director: L. Heemann and Son
Address: 6067 Harford Rd.

19. 4/6/49 (Date rec'd by registrar) 19.. A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/4/ 1949 at 5.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May - 17 1948 to April - 4 1949. and that I last saw h.. alive on April - 2nd. 1949.

Immediate cause of death
(1) Arterio - Sclerotic Heart Disease — DURATION: 1 yr.
Due to
Due to: Generalized Arterio - Sclerosis 420.0 — DURATION: 93d.
Other conditions: Acute Bronchitis. — DURATION: 6 wks.
(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Earl L. Chambers M. D. or other
Address: 4108 Liberty Hts. Date signed: 4/5/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-48 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03524

Reg. Dist. No. 44

1. PLACE OF DEATH

County Baltimore Co.

City or town Sparrows Pt. Road

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Morrison Lane & Sparrows Pt Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore Co

City or town Sparrows point Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Morrison Lane & Sparrows Pt. Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Edward W. Hodges

3. (b) Social Security Number 218-09-5308

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Martha R. Hodges

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 6. 1870

8. AGE: Years 79 Months 3 Days 8 If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Dye Setter

11. Industry or business Continental Can Co.

FATHER 12. Name Thomas Hodges

13. Birthplace Md.

MOTHER 14. Maiden name Thelma Wright

15. Birthplace Baltimore Md.

16. Informant Mrs Lillian M. Morrison

Address Morrison Lane Sparrows Pt. Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-18-49 (month) (day) (year)

Cemetery or crematory Oak Lawn Cemetery

Location Eastern Ave Md.

18. Funeral director Elmer W. Conklin

Address 924 E. Eager St. City

19. April 15 1949 (Date rec'd by registrar) Dawson L. Harber Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1949, at 7:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-6 1949, to 4-14 1949, and that I last saw him alive on 4-12 1949.

Immediate cause of death Cerebral Hemorrhage — DURATION 8 days

Due to Hypertensive arterio-sclerotic cardio-vascular disease — indef

Due to

Other conditions 443 93d.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Robert E. Farber, M.D. M. D. or other

Address Sparrows Point, Md Date signed 4-15-49

RECEIVED
APR 18 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03525

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore ~~City~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochern
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6601 Laurel Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochern, Baltimore County
STREET ADDRESS (If rural give location) 6601 LAUREL DRIVE LOCHERN

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANNA (Last) HOEFLICH
4. DATE OF DEATH (Month) APRIL (Day) 16 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JAN 25, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Mio.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) PENNA. STATE
12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME BERNHARDT HOEFLICH
14. MOTHER'S MAIDEN NAME BARBARA SCHMIDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT MRS. LILLIAN H. TAYLOR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Heart failure	5 minutes
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary disease	(?)
		(c) Hypertensive, Cardio vascular disease	(?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 15, 1949, to April 16, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 9 9 m., from the causes and on the date stated above.

SIGNATURE Louis Dalmau (Degree or title) Physician. ADDRESS Pikesville 8, Md DATE SIGNED 4/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/19/49
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG. 4/18/49
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03526

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45

1. PLACE OF DEATH:

County: Baltimore

City or town: Hotels Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Hotels Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Sr. Mary Berbelia Hoffmann

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 10, 1880

8. AGE: Years	Months	Days	If less than one day
68	11	28	..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER 12. Name: John Hoffmann

13. Birthplace: Germany

MOTHER 14. Maiden name: Dorothea Marshal

15. Birthplace: Germany

16. Informant: Sr. Mary Clara

Address: Hotels Cliff

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 11/49 (month) (day) (year)

Cemetery or crematory: Hotels Cliff

Location: Hotels Cliff

18. Funeral director: Geo. M. Shipley Son

Address: 811 N. Eutaw St.

19. 4/10/49 (Date rec'd by registrar) 19.. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8, 1949, at 2.00? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16, 1949, to April 8, 1949

and that I last saw h.. alive on April 6, 19..

Immediate cause of death	DURATION
Apoplexy	2 wks.
Due to	
334	
Due to	
330	
Other conditions Arteria Sclerosis & Hypertension	2

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Hunt. Green M.D. M. D. or other

Address Date signed

RECEIVED
APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03527

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Haarlem Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 229 Washington Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Pilsch	Hollowell	Apr	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced	Dec-8-1899	49-4-17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Stewart
14. MOTHER'S MAIDEN NAME: Gertrude Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Haarlem Lodge, Harlem Lane, Catonsville #28 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cirrhosis of Liver — Years

581.0
124 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1949, to April 25, 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 1:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	3325 Federick Rd Baltimore Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr-27-1949	?	Easton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/49	[illegible]	Stewart & Mowen Company	1020 N. North Ave Baltimore #1, Md

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03528

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 5313 Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Solvena (Last) Hoshall

4. DATE OF DEATH (Month) April (Day) 10, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1863

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Hoshall

14. MOTHER'S MAIDEN NAME Phebe Fowble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Meredith Hale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Myocarditis - Chronic decompensating	5 yrs
93d Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - ~~chronic~~ general	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1930, to 4-10-, 1949, that I last saw the deceased alive on 4-9, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James D. Saffell ADDRESS Reisterstown Md DATE SIGNED 4-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 13, 1949

NAME OF CEMETERY OR CREMATORY Mt. Carmal

LOCATION (City, town, or county) (State) Baltimore Co.

DATE REC'D BY LOCAL REG. 4-13-49

REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR J. F. Eline Sons ADDRESS Reisterstown, Md.

RECEIVED
APR 14 1949
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 42

03529

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Abraham L. Hudson

2. DATE OF DEATH: April 12, 1949

3. PLACE OF DEATH
A. Baltimore ~~City~~ County, Maryland 4128 Wilkkns Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 30 yrs. Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, County
D. STREET ADDRESS (If rural, give location) 4128 Wilkins Ave.

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 8, 1862
9. AGE (In years last birthday): 86 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Hudson
14. MOTHER'S MAIDEN NAME: Rachel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna H. Kohl — ADDRESS: 4128 Wilkins Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Respiratory failure

DUE TO

442

ANTECEDENT CAUSES

131a

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic & hypertensive

DUE TO Cardiovascular renal disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10, 1949, *to* 4/12, 1949 *that I last saw the deceased alive on* 4/11, 1949, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE: I. Sborofsky M.D. M. D.
23B. ADDRESS: 601 N. Monroe St.
23C. DATE SIGNED: 4/12/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 4/15/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Fred. Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 4/14/49
REGISTRAR'S SIGNATURE: A. W. Hedrick Dm
25. FUNERAL DIRECTOR: John O. Mitchell Hons Inc. — ADDRESS: 1900 Eutaw St.

VS 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03530

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: XXXXXXXXX Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 505 - Coldspring Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 505 - Coldspring Way

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBT.	LEE	HUNTER	4	4	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.		3/23/49	2 wks				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md. Balto Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Hunter
14. MOTHER'S MAIDEN NAME: Lillian ? Mozelle Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lillian Hunter - 505 Coldspring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 **Immediate cause** (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

157 e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.O. Davis	M.D.	Dept. Med. Examiner Balto Co. Hamburg Road	4/5/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/9/49	Mt. Calvary	Cedar Hill	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/6/49	A. W. Hesson	A. H. Hollstein	11 S. Linwood Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The portrait age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03531

CERTIFICATE OF DEATH

Reg. Dist. No. 4 Y

1. PLACE OF DEATH:
County: Baltimore – 19.
City or town: 7318 Bay Front Rd.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 yrs.
Hospital, institution, or street address where death occurred?
Sparrows Point. Md.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Same as #1.
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Ocie Leonard Jett.

3.(b) Social Security Number: 213-07-8262

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6.(b) Name of husband or wife: Lula Maude Jett.
6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): November. 10. 1895.

8. AGE: Years	Months	Days	If less than one day
53.	5	8	hrs. min.

9. Birthplace: Spotsylvania Co. Va.
(Town, county, and state)
10. Usual occupation: Millwright.
11. Industry or business: Steel Industry.
FATHER 12. Name: Silton Jett.
13. Birthplace: Same as 9.
MOTHER 14. Maiden name: Laurie Fairchilds
15. Birthplace: Same as 9.
16. Informant: Lula Maude Jett.
Address: Same as #1.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 21 1949 (month) (day) (year)
Cemetery or crematory: Zion Church Cemetery
Location: Spotsylvania, Virginia
18. Funeral director: Roland L. Fisher
Address: 212 Dundalk Ave., Dundalk 22,
19. 4-19 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April. 18 1949, at 12 39 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1948, to April. 18 1949.
and that I last saw h... alive on April. 17. 1949.

Immediate cause of death	DURATION
Adeno Carcinoma.	
naso pharynx.	5 mo.
Due to: with metastases to neck.	2 mo.
Due to: 146	
Other conditions: 450	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis N. Tollie. M.D.
M. D. or other
Address: 6408 North Point Rd. Date signed 4/18/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

03532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9 191

38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY HOWARD ~~Montgomery~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brookeville.
STREET ADDRESS (If rural give location) none.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) Elizabeth (Last) Johnson
4. DATE OF DEATH (Month) April (Day) 21 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 26, 1910
9. AGE last birthday 38 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Leightonsville, Va.
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME Frederick Bowman
14. MOTHER'S MAIDEN NAME Martha Sibley.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no.
16. SOCIAL SECURITY NO. none
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

002
13 b

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1946, to April 21, 1949, that I last saw the deceased alive on April 20, 1949, and that death occurred at 5.55 A.m., from the causes and on the date stated above.

SIGNATURE Milton B. Kress (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-23-49
NAME OF CEMETERY OR CREMATORY Linthicum Chapel
LOCATION (City, town, or county) Clarksville, Md (State)
DATE REC'D BY LOCAL REG. 4/21/49
REGISTRAR'S SIGNATURE John B. Longman, Pres. B.E.L.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03533

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard | LENGTH OF STAY (in this place) 48 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 429 N. Jackson Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROLLIN	D.	JONES	April	3,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	12-13-08	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storekeeper & Gauger	Same	Carthge, N.Y.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guy C. Jones	Camilla Pelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW-II	Unknown	Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Malformation of right renal artery with thrombosis of two large branches and infarcts of kidney - Dura:	Unknown
Antecedent cause(s)	History of hypertension - Duration: Unknown	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to: Above	
	(c)	

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157f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	—	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-11-, 1949, to 4-3-, 1949, that I last saw the deceased alive on 4-3-, 1949, and that death occurred at 9:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R.F. H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services VAH, Ft.Howard, Md.	4-4-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
~~Burial~~ Removal	—	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 4, 49	John K. Connelly	Howard Blight,	6009 Harford Rd., Balto., Md.

RECEIVED
APR 22 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 03534

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 97 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1909 Grinnalds Ave.

3. NAME OF DECEASED (Type or Print) (First) WALLACE (Middle) D. (Last) JONES

4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 9-20-93

9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signalman Maintainer

10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.

11. BIRTHPLACE (State or foreign country) New York (Farmersville)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Jones

14. MOTHER'S MAIDEN NAME Minnie Dettman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 705-07-1691

17. INFORMANT Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
163	Immediate cause	(a) CARCINOMA OF THE LOWER LOBE OF EACH LUNG	7 months
47d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20 1949, to April 27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE H. C. Manaugh (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M. D. CHIEF, PROFESSIONAL SERVICES FT. HOWARD, MD. 4-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 4/29/49

NAME OF CEMETERY OR CREMATORY Freedom, N. Y.

LOCATION (City, town, or county) (State) Freedom, N.Y.

DATE REC'D BY LOCAL REG. 4/29/49

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS North & Pennsylvania Aves. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03535

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. White Hall; LENGTH OF STAY (in this place) 78 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural White Hall; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Potter (Last) Jordan

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 21-1870

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F Jordan

14. MOTHER'S MAIDEN NAME: Julia Elizabeth Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sarah M. Jordan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 Immediate cause (a) Strangulation by hanging — Interval between onset and death:

Antecedent cause(s)

164a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Farm (CITY OR TOWN): White Hall (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. France Parkton, Md. 4/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: May 1-1949 | NAME OF CEMETERY OR CREMATORY: West-Liberty | LOCATION (City, town, or county) (State): White Hall. Rural MD

DATE REC'D BY LOCAL REG. April 30, 1949 | REGISTRAR'S SIGNATURE: Mrs Howard S. Markline | 24. FUNERAL DIRECTOR ADDRESS: Howard S. Markline White Hall. Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

Evidence for addition in #18 shown on: (a)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03536

FILM No. G 120 MAY 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard	LENGTH OF STAY (in this place) 12 days
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp. Fort Howard, Md.	STREET ADDRESS (If rural give location) 217 S. Fremont Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
VACHEL	C	KANE	April 17 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Single	5-25-15	33 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer		Madison, Md.	yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charlie Kane	Lovena Ofer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
yes	WW-2	217-10-8266	Clinical Rec. Vets. Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
3403 Immediate cause	(a) Meningitis - not tuberculous or epidemic (5/23/49 ac)	3 Weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 810a	(b) Due to: Cause unknown	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 5, 1949, to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget PAUL PADGET, M. D.		V.A.H. FORT HOWARD, MD.	4-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/21/49	Madison	Cambridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/20/49	A. W. Hedrick	Isaiah L. Brown, 108 W. Montgonery St.,	Balto Md.

VS. A15

03537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - TOWSON
LENGTH OF STAY (in this place) 6 YEARS, 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHEPPARD AND ENOCH PRATT HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D. C.
STREET ADDRESS (If rural give location) 3171 PORTER STREET, N. W.

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) VIRGINIA (Last) KENNEDY
4. DATE OF DEATH (Month) APRIL (Day) 29 (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH Jan. 30, 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cornell, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME EDWARD MCCONAHA
14. MOTHER'S MAIDEN NAME FRANCES MURPHY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
170	Immediate cause	(a) Acute edema of the lungs	2 days
	Antecedent cause(s)		
50	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant tumor of the breast	6 mos.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis — 7 years

19a. DATE OF OPERATION APRIL 12, 1949
19b. MAJOR FINDINGS OF OPERATION MALIGNANT TUMOR OF BREAST WITH LYMPH NODE METASTASIS
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1943, to April 29, 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE Harry M. Murdock M.D. (Degree or title) ADDRESS TOWSON 4, MARYLAND DATE SIGNED APRIL 29, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 5-3-49 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REG. Apr. 29-49 REGISTRAR'S SIGNATURE W. Carroll Van Horn Dep Local
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03538

CERTIFICATE OF DEATH

Reg. Dist. No. 4/2

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe, Md.
STREET ADDRESS (If rural give location): 5346 Carville Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Richard	Kenny	April	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	October 6, 1896	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mortician	Funeral Director	Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Kenny	Mammie Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes 1st World War.		Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Cerebral Hemorrhage	3 hrs.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	1½ yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1947, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A Bradley Daugherty	M.D.	1764 Francis Ave Halethorpe 2nd	4-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	APRIL 27-49	BALTO NATIONAL CEM.	BALTIMORE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25 49	[illegible]	Bernard C Hank	121 E West St.

RECEIVED
APR 26 1949
BUREAU V. S.

03539

Dr. Geo Shannon
Md Art Bldg

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: Augsburg Home

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Campfield Road
(If rural, give LOCATION)

2.(a) If veteran, name war: no.

3. (a) FULL NAME: George H. Koch.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 19-1869

8. AGE: Years: 79 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: William A. Koch
13. Birthplace: Germany.

MOTHER
14. Maiden name: Mary Kothe
15. Birthplace: Balto Md.

16. Informant: Augsburg Home

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: May 2-1949
(month) (day) (year)

Cemetery or crematory: London Park.

Location: Balto Md

19. Funeral director: Mrs Chas A G Rohde

Address: 2327 Edmondson Ave

19. April 30th 1949
(Date rec'd by registrar)

R.W. [illegible] Hedrich
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1949, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 14 1949, to Apr 29 1949 and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Acute Dilatation Heart,

Due to: Chr Myocarditis.

Due to: 4222

Other conditions: 93d
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: George E. Shannon MD.
M. D. or other

Address: 820 Medical Arts Bldg Date signed: 4/29/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition in #18 shown on:

FILM No. G 120 MAY 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Be 03540

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hood Nursing Home 5313 Edmondson Ave.	STREET ADDRESS (If rural, give location): 1927 Lanvale St.

3. NAME OF DECEASED (Type or Print)	(First) BELLE	(Middle)	(Last) KOOCKOGEY	4. DATE OF DEATH	(Month) Apr.	(Day) 9	(Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow	8. DATE OF BIRTH: Aug. 8, 1857	9. AGE last birthday: 91 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: -	14. MOTHER'S MAIDEN NAME: - Murray						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -	17. INFORMANT: Mr. C. Roland Koockogey-1508 Park Ave.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

522 Immediate cause (a) Hypostatic pneumonia Gradual Heart failure — one week

111c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility [Genl. Debility]

No disease apparent. Her lungs filled up about (c) the last 24 hrs. of her life. [5/25/49 abc]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to April 9, 1949, that I last saw the deceased alive on 4-9-, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos. H. Phillips — ADDRESS: 3307 Edmondson Ave — DATE SIGNED: 4/12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 4/13/49	NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: 4/13/49	REGISTRAR'S SIGNATURE: Stw. Hedrick	24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS	ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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68

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03541

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY BALTO 6 Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 12 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO 6
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1230 N 63rd st

3. NAME OF DECEASED (Type or Print) (First) Maryanne (Middle) (Last) Kozlowski
4. DATE OF DEATH (Month) April (Day) 12 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH DEC 15 1880
9. AGE last birthday 68 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) POLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Malikowski
14. MOTHER'S MAIDEN NAME Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Peter Kozlowski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
93d

Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

Antecedent cause(s) (b) Arteriosclerotic Cardio-Vascular disease — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1949, to 4-12, 1949, that I last saw the deceased alive on 4-12, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE G M Baumgardner (Degree or title) M.D. ADDRESS Balto 6 Md. DATE SIGNED 4-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-18-49
NAME OF CEMETERY OR CREMATORY St Stanislaus
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 4/14/49
REGISTRAR'S SIGNATURE Kte Hedrick Dr
24. FUNERAL DIRECTOR George A. Weber per J. M. Weber
ADDRESS 705 S Ann St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Michael Kozlowski

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03542

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28; MARYLAND; LENGTH OF STAY (in this place) 41yrs 4mo 12da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) Krieg (Last)

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months --; Days --; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	over 3 months
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	indefinite
	(c)	

420.0

932

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21, 1907, to 4/13, 1949, that I last saw the deceased alive on 4/13, 1949 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS Isadore Tuerk, M. D., Spring Grove Hospital, Catonsville 28, Md. DATE SIGNED 5/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-6-49 | NAME OF CEMETERY OR CREMATORY Spring Grove Hosp. | LOCATION (City, town, or county) Catonsville 28, Md. (State)

DATE REC'D BY LOCAL REG. 5/6/49 | REGISTRAR'S SIGNATURE V Eubanks

24. FUNERAL DIRECTOR ADDRESS Spring Grove Hosp. Catonsville 28, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03543

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6610 Delfield St

3. NAME OF DECEASED (Type or Print) (First) GEORGINE (Middle) ALEXIA (Last) LARSON
4. DATE OF DEATH (Month) april (Day) 30 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 10-25-72
9. AGE last birthday 76 yrs. If under 1 year Months / Days If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Chicago Illinois
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME RASMAS CHRISTIANSEN
14. MOTHER'S MAIDEN NAME CAROLINE RIIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: original onset at age 22; Last onset in 1945

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-, 1949, to 4-30-, 1949, that I last saw the deceased alive on 4-30-, 1949, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE W G Bridges (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 4-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE May 2, 1949 NAME OF CEMETERY OR CREMATORY Postlewait Funeral Home LOCATION (City, town, or county) Chicago, Illinois (State)

DATE REC'D BY LOCAL REG. May 2-1949 REGISTRAR'S SIGNATURE A. W. Hedrick JS

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5614 Carville Avenue	STREET ADDRESS (If rural, give location) 5614 Carville Avenue

3. NAME OF DECEASED (Type or Print)	(First) Bernard	(Middle) N.	(Last) Lay	4. DATE OF DEATH (Month) April (Day) 20, (Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH Feb. 9, 1894	9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard	10b. KIND OF BUSINESS OR INDUSTRY Westinghouse	11. BIRTHPLACE (State or foreign country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nathaniel Lay		14. MOTHER'S MAIDEN NAME Elizabeth James		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) W.W. #1	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Beatrice Duncan		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a)

94a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. W. Kieffer	M.D. Dep. Med Exam Balto Co	1010 Leeds Ave	4-21.49

23. BURIAL, CREMATION REMOVAL (Specify) removal	DATE 4/22/49	NAME OF CEMETERY OR CREMATORY Chicago Heights	LOCATION (City, town, or county) (State) Chicago Heights, Illinois
DATE REC'D BY LOCAL REG. 4/22/49	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03545

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
MARYLAND
LENGTH OF STAY (in this place): 227 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 542 Benninghaus Road

3. NAME OF DECEASED (Type or Print): (First) JULIUS (Middle) V. (Last) LeBRELL

4. DATE OF DEATH: (Month) April (Day) 19, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 2-14-1887

9. AGE last birthday: 62 yrs. If under 1 year: Months 2 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John LeBrell

14. MOTHER'S MAIDEN NAME: Johanna Erbschlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Failure of right side of the heart	21 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary emphysema and bronchitis	20 Yrs.
	(c)	

502.0
106c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4-48, 19..., to 4-19-, 1949, that I last saw the deceased alive on 4-19-, 1949, and that death occurred at 8:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft. Howard, Md. 4-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-22-49

NAME OF CEMETERY OR CREMATORY: Baltimore National C.m.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/21/49

REGISTRAR'S SIGNATURE: A. W. Richards

24. FUNERAL DIRECTOR: Henry W. Jenkins Sons Co. ADDRESS: 4905 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03546

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 99 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1622 Division St.

3. NAME OF DECEASED (Type or Print): (First) HAVANA (Middle) (Last) LEE
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 10-6-96
9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Havana Lee
14. MOTHER'S MAIDEN NAME: Elizabeth Paul
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 1 Day

444

Antecedent cause(s)

102

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, cause Unknown — 5 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31, 1948, to 4-9, 1949, that I last saw the deceased alive on 4-9, 1949, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services — VAH, Ft.Howard, Md. — 4-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 4/13/49 | NAME OF CEMETERY OR CREMATORY: Arbutus Memorial Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/11/49 | REGISTRAR'S SIGNATURE H.W. Medrick | 24. FUNERAL DIRECTOR: Charles R. Law | ADDRESS: 802 Madison Ave., Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03547

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 658 Bradley Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) LEE

4. DATE OF DEATH: (Month) April (Day) 30, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7-9-1892

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Lee

14. MOTHER'S MAIDEN NAME: Susie Blackstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.Vets. Adm. Hosp.Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Infarct — 15 Days

332

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16-, 1949 to 4-30-, 1949, that I last saw the deceased alive on 4-30-, 1949, and that death occurred at 12:25 P.m., from the causes and on the date stated above.

SIGNATURE: Geo. E. Snider — (Degree or title): M. D. — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-4-49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/2/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Ave., Balto., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03548 Reg. Dist. No. 42

1. PLACE OF DEATH:
County: BALTIMORE
City or town: LANSDOWNE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: BALTIMORE
City or town: LANSDOWNE
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 210 2ND AVE.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: MARY ANN LLOYD

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6.(b) Name of husband ~~or wife~~: late JOHN C
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MARCH 6, 1885

8. AGE:

Years	Months	Days	If less than one day
64	1	6	hrs. min.

9. Birthplace: MARYLAND (Town, county, and state)
10. Usual occupation: Homemaker
11. Industry or business
FATHER 12. Name: WILLIAM CROFOOT
13. Birthplace
MOTHER 14. Maiden name: MARY E MERSON
15. Birthplace
16. Informant: MRS ANNA E DEITZ
Address: 431 S. SHALLWOOD ST.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: APRIL 16 '49 (month) (day) (year)
Cemetery or crematory: LOUDON PARK
Location: BALTIMORE, MARYLAND
18. Funeral director: Harry H Witzke
Address: 4101 Eldorado Ave
19. 4/14/49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APRIL 12 1949 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/12 1946 to 4/12 1949 and that I last saw her alive on 4/12 1949

Immediate cause of death: Carcinoma of sigmoid — DURATION: 2 yrs
Due to:
Due to: 153 Hale
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Carcinoma of sigmoid — Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Benjamin Miller MD (M. D. or other)
Address: 2030 Wilkens Ave Date signed: 4/14/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

#197

03549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1702 Edmonson Ave.	STREET ADDRESS (If rural, give location) 1702 Edmonson Ave.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) THOMAS	(Last) LODEN	4. DATE OF DEATH	(Month) April (Day) 9 (Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 17, 1879	9. AGE last birthday 69 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claim Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Dennis Loden	14. MOTHER'S MAIDEN NAME Mary Lanahan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Lula Loden - 1702 Edmonson Ave			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~advanced~~ Acute dilatation of heart

450.0 Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) advanced arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Apr 9th, 1949, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lyman Perah, Md. 2202 W. North Av. Baltimore Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-12-49	NAME OF CEMETERY OR CREMATORY Cathedral	LOCATION (City, town, or county) Baltimore (State) Md
DATE REC'D BY LOCAL REG. 4/12/49	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR George A. Forley - Catonsville, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 03550

CERTIFICATE OF DEATH

Reg. Dist. No. KK

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft.Howard — LENGTH OF STAY (in this place): 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2023 Eastern Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) VINCENT (Middle) PETER (Last) LUBAWSKI

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-27-1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lubawski

14. MOTHER'S MAIDEN NAME: Antoinette (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.1 — Immediate cause (a) Hepatic Insufficiency — About 3 dys.

772 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Alcoholism — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23-, 1949, to 4-8-, 1949, that I last saw the deceased alive on 4-8-, 1949, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft.Howard, Md. 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4/11/49 | NAME OF CEMETERY OR CREMATORY: Holy Rosary | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: April 9th, 1949 | REGISTRAR'S SIGNATURE: R.W. A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Fialkowski Funeral Home, Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03551

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place): 5 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1909 WASHINGTON ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 1909 WASHINGTON ROAD

3. NAME OF DECEASED (Type or Print): (First) MAY (Middle) BEATRICE (Last) MACEK

4. DATE OF DEATH: (Month) APRIL (Day) 6, (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 29 JULY, 1895

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FREDERICK, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: EDW. V. TITLOW

14. MOTHER'S MAIDEN NAME: ELIZABETH DONALDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ELIZABETH H. HELMLING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 years.
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Mar., 1948 to 6 Apr., 1949, that I last saw the deceased alive on 6 April, 1949, and that death occurred at 7:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Herbert Morrison — ADDRESS: 2534 Yorkway, Dundalk 22, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: APRIL 9, 1949 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY — LOCATION (City, town, or county) (State): FREDK, Md.

DATE REC'D BY LOCAL REG.: 4/8/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Walter Burke Bradley — ADDRESS:

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03552

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 22 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital	STREET ADDRESS (If rural give location) 221 S. Caroline Street ✓

3. NAME OF DECEASED (Type or Print) (First) Salvatore (Middle) Maresca (Last)			4. DATE OF DEATH (Month) April (Day) 17, (Year) 1949 19		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Jan. 14, 1862	9. AGE last birthday 86 yrs.	If under 1 year Months 4 Days 3 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? ?		
13. FATHER'S NAME unknown ANIELLO MARESCA		14. MOTHER'S MAIDEN NAME ~~unknown~~ MARIANNA ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardiovascular disease, decompensation	indef.
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cellulitis of right arm with gangrene	10 days
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch. 18, 1927, to April 17, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 6:50 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Abraham Schmidt	M.D.	Spring Grove State Hosp. Balto. 28, Md.	4-17-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 19	Oak Lawn Cem.	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/18/49	A. W. Hedrich JS	Frank Wellanoe	322 S. High St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03553

CERTIFICATE OF DEATH

Reg. Dist. No. 3?

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE 28
MARYLAND
LENGTH OF STAY (in this place): 4yrs 0mos 7da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LAUREL - Rt.
STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print): (First) EDGAR (Middle) ALLISON (Last) MARSH

4. DATE OF DEATH: (Month) 4 (Day) 26 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 3/7/1910

9. AGE last birthday: 39 yrs. If under 1 year: Months 1 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MAINE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: OSCAR J. MARSH

14. MOTHER'S MAIDEN NAME: CORA BULA MARSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: HOSPITAL RECORDS, CATONSVILLE 28, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic encephalitis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1945, to 4/26, 1949, that I last saw the deceased alive on 4/26, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk M.D. (Degree or title) ADDRESS: ISADORE TUERK, M. D., CATONSVILLE 28, MARYLAND DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: 28 Apr. 49
NAME OF CEMETERY OR CREMATORY: Fellowcraft
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/28/49
REGISTRAR'S SIGNATURE: D. E. Hedrick
24. FUNERAL DIRECTOR: Walter Brooks Bradley ADDRESS: 700 Wellow Springs Rd. Dundalk

VS. A15

03554

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6yr-2mo-20das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural give location) Old Annapolis Road

3. NAME OF DECEASED (Type or Print) (First) Mattie (Middle) M. (Last) Martin
4. DATE OF DEATH (Month) 4 - (Day) 26 - (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated
8. DATE OF BIRTH 11-14-1881
9. AGE last birthday 67 yrs. If under 1 year Months 5 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Dennis Houser
14. MOTHER'S MAIDEN NAME Mary Ellen ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right cerebral hemorrhage, left hemiplegia	18 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	indefinite
	(c) Pelvic tumor, undiagnosed	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443
93d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1943 to 4-26, 1949, that I last saw the deceased alive on 4-26, 1949, and that death occurred at 12:10a m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (Degree or title) ADDRESS Spring Grove State Hospital, Catonsville-28, Md. DATE SIGNED 4-26-49

Henry C. A. Mead, M.D. - Physician, Psychiatric

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/29/49
NAME OF CEMETERY OR CREMATORY National
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 4/27/49
REGISTRAR'S SIGNATURE Alo. Hedrick Dm
24. FUNERAL DIRECTOR William Cook Dm 1214 H Paul St
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Janny
7101 Harford

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03555

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. Glen Arm MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Wind Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto Glen Arm
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) North Wind Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	E.	May	April	9th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	June 8, 1878	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus F. May
14. MOTHER'S MAIDEN NAME: Elizabeth Posliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Richard C. May, Northwind Rd. Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-vascular disease	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis, arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May, 1949, to Apr. 9, 1949, that I last saw the deceased alive on Apr. 9, 1949, and that death occurred at 7:43 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. Nathan Janney		7101 Harford Rd.	4/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-49	Parkwood	balti ore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/12/49	C. W. Leidich Jr	Leonard J. Ruck	5305 Harford Road.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03556

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm | LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Amos (Middle) P. (Last) McComas

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mch 11-1870

9. AGE last birthday: 79 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. Glenn McComas

14. MOTHER'S MAIDEN NAME: Katharine P. McComas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Helen R. McComas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Hemorrhage — Interval Between Onset and Death: 5 days 4/4/49 4/8/49

422.2 Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Myocardial Insufficiency — 5 yrs

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4/, 1949, to 4/8, 1949, that I last saw the deceased alive on 4/8, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Walter M Emmett M.D. (Degree or title) — ADDRESS: Baldwin Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: April 11-49 — NAME OF CEMETERY OR CREMATORY: Waugh Chapel — LOCATION (City, town, or county): Gremwood — (State): Md

DATE REC'D BY LOCAL REG.: April 9-49 — REGISTRAR'S SIGNATURE: C. E. Arthur

24. FUNERAL DIRECTOR: C. E. Arthur — ADDRESS: Fork Md.

RECEIVED
APR 21 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc-03557

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5634 Midwood Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) J (Last) McCONELOGUE
4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-23-86
9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector Signal Corps
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Patrick McConelogue
14. MOTHER'S MAIDEN NAME: Mary Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Clin.Rec.Vets. Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Pyelonephritis — 10 Yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: Due to: Unknown
(b)
(c)

600.0
133a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-, 1949, to 4-11, 1949, that I last saw the deceased alive on 4-11, 1949, and that death occurred at 9.55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft. Howard, Md. 4-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 4/14/49 | NAME OF CEMETERY OR CREMATORY: Northwood Cemetery | LOCATION (City, town, or county) (State): Philadelphia, Pa.
DATE REC'D BY LOCAL REG. 4/14/49 | REGISTRAR'S SIGNATURE: A.W. Hedrick Dpm
24. FUNERAL DIRECTOR ADDRESS: Howard Blight, 6009 Harford Rd., Balto., Md
Howard H. Blight 2.6009 Harford Rd. Balto. Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03558

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3008 DuBois Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 615 N. Luzerne Ave.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) W. (Last) McCusker

4. DATE OF DEATH: (Month) Apr. (Day) 3, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 24, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael J. McCusker

14. MOTHER'S MAIDEN NAME: Mary A. Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Caroline C. O'Brien

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized metastasis, carcinoma	
	(c) Carcinoma intestinal cavity	4 months

153
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Large inguinal

19a. DATE OF OPERATION: 1-21-49

19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma large bowel

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Parkville (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1- , 19 , to Apr 3 , 1949 , that I last saw the deceased alive on Apr 3 , 1949 , and that death occurred at m., from the causes and on the date stated above.

SIGNATURE: John B Wells (Degree or title) M.D. ADDRESS: St Joseph's Hosp Balto Md DATE SIGNED: 4.5.49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/6/49
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: April 6, 1949
REGISTRAR'S SIGNATURE: A. W. Redrick

24. FUNERAL DIRECTOR: William Cook, Inc.
ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03559

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 mos. 18 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -17
STREET ADDRESS (If rural give location) 627 North Fulton Avenue

3. NAME OF DECEASED (Type or Print) (First) William (Middle) — (Last) McKnight

4. DATE OF DEATH (Month) 4 - (Day) 6 - (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 2-10-06
9. AGE last birthday 43 yrs. If under 1 year: Months 1 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) freight checker
10b. KIND OF BUSINESS OR INDUSTRY B&O RR
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William James McKnight
14. MOTHER'S MAIDEN NAME Josephine Maria Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Portal cirrhosis of the liver — indefinite

581.0

Antecedent cause(s)

124 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) With ascites and collapse of right lung — "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pancreatic hypertrophy, undiagnosed — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1948, to 4-6, 1949, that I last saw the deceased alive on 4-6, 1949, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Md. 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/8/49
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 4/7/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wilhom Cook Inc 1214 ADDRESS Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

03560

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 2526 Fait avenue (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) MERBACH (Last)

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-17-24
9. AGE last birthday 25 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Payroll Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Merbach
14. MOTHER'S MAIDEN NAME Addie Merson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-12-6561
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Onset Jan 24 1941 Diabetes Since 7-17-47

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17-47, 1947, to 4-28, 1949, that I last saw the deceased alive on 4-28-, 1949, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE May 2 NAME OF CEMETERY OR CREMATORY Oak Lawn LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. April 30 1949 REGISTRAR'S SIGNATURE R.W. AW Fredrick D 24. FUNERAL DIRECTOR Fred W. Ozazewski ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03561

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 7257 Holibird Avenue

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Milito (Last)

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 3, 1949
9. AGE last birthday yrs. If under 1 year Months — Days — If under 24 hrs. Hours 1 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dundalk, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alfonse Milito
14. MOTHER'S MAIDEN NAME Amelia Carricato

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Alphonse Milito

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage in 5 months fetus	1½ hr.
760.5 Antecedent cause(s)		
161C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Dundalk (COUNTY) Balta. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1949, to 4-3, 1949, that I last saw the deceased alive on 4-3, 1949, and that death occurred at 7 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene F. Nevy M.D.
ADDRESS 7001 Mornington Rd Dundalk, Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 4/4/49
NAME OF CEMETERY OR CREMATORY SACRED HEART
LOCATION (City, town, or county) German Hill Rd. Balto. Co. Md. (State)
DATE REC'D BY LOCAL REG. 4-4-49
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher
ADDRESS Dundalk Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03562

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, Md. — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural give location) 1151 New Jersey Ave.,N.W.

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) E	(Last) MITCHELL	4. DATE OF DEATH	(Month) April	(Day) 2	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 9-21-66	9. AGE last birthday 82 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk U.S.N.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William B. Hardester	14. MOTHER'S MAIDEN NAME Elmira Parson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION — unknown

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — "

(c) DIABETIS, MELLITUS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIVERTICULITIS, COLON: SENILE PSYCHOSIS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1949, to 4-2, 1949, that I last saw the deceased alive on 4-2-, 1949, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John P. Greene JOHN P. GREENE, M.D.		VAH, Fort Howard, Md.	4/3/49

23. BURIAL, CREMATION REMOVAL (Specify) BVurial	DATE 4/6/49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 4/3/49	REGISTRAR'S SIGNATURE Ernest	24. FUNERAL DIRECTOR Deal Funeral Home	ADDRESS 4812 Ga Ave NW Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03563

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (In this place) 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2610 Windover Rd.

3. NAME OF DECEASED (Type or Print): (First) Minna (Middle) (Last) Most
4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov 23 1876
9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Non-housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Wilhelm Wagner
14. MOTHER'S MAIDEN NAME: Augusta (Wagner)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Heinz Heymann - 2610 Windover Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Strangulation by hanging - Suicide	4/15/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melancholia from Chronic arthritis	30 yrs
	(c)	

974
1640

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12 30 A.M., from the causes and on the date stated above.

SIGNATURE: Collin C. Anderson M.D. (Degree or title) | ADDRESS: D.M.E. | DATE SIGNED: 4/15/49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 4-18-49 | NAME OF CEMETERY OR CREMATORY: Moreland Pk | LOCATION (City, town, or county): Balto Md (State)

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: L. J. Ruck - 5305 Harford Rd | ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 035644

1. PLACE OF DEATH: Balto Co.
COUNTY Edgemere MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural, give location) 2911 Delmar ave

3. NAME OF DECEASED (Type or Print) (First) Cecelia (Middle) (Last) Nevedale

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sep 9 1914

9. AGE last birthday 34 yrs. If under 1 year Months 7 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Poremski

14. MOTHER'S MAIDEN NAME Eva Cegielski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning — 7 hrs (?)

972

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163 H

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Edgemere - Sp. Street 19 - (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) 4 (Day) 13 (Year) 49 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Turned on gas in kitchen

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE J. B. Davis MD (Degree or title) Dept Med. Exam. ADDRESS Dundalk 22 - Balto Co Md. DATE SIGNED 4/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/19/49

NAME OF CEMETERY OR CREMATORY St Stanislaus

LOCATION (City, town, or county) Balto. City (State) Md.

DATE REC'D BY LOCAL REG. 4/18/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR John M. Weber ADDRESS 401 S. Chester Street Balto 31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30 03565

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 20 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 1817 W. Mulberry St.

3. NAME OF DECEASED (Type or Print) (First) Lucretia (Middle) (Last) Norris			4. DATE OF DEATH (Month) April (Day) 18 (Year) 1949		
5. SEX female	6. COLOR OR RACE white	7. SINCLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed	8. DATE OF BIRTH 1879	9. ACE last birthday 70 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. --		17. INFORMANT Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure.

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

186a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture of the left hip (femur)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hospital	(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-2-49 10a m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? fall on floor

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo L. McKeffer M.D.	Lee Med Exam Balto Co	1010 Leeds Ave	4-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 20/49	Edwards Chapel	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/19/49	V. E. Harry	T A Hardisty & Son	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03566

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt; STREET ADDRESS (If rural give location) 16 U Ridge Road ✓

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) North

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: October 14/60

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Seamtress

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Spring Grove Hospital Records, Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	indefinite
	(c)	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1948, to 4/1, 1949, that I last saw the deceased alive on 4/1, 1949, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Isadore Tuerk, M. D., Catonsville 28, Maryland DATE SIGNED Canandaigua N.Y. 4/3/49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Burial | DATE April 4-1949 | NAME OF CEMETERY OR CREMATORY Woodlawn | LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 4/2/49 | REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS Riverdale, Md

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03567

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 31 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp. Ft.Howard, Md.	STREET ADDRESS (If rural give location) 723 W. Barrie St.

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) A	(Last) ODEN	4. DATE OF DEATH	(Month) April	(Day) 18	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-8-80	9. AGE last birthday 68 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Montgomery Co., Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William Oden	14. MOTHER'S MAIDEN NAME Virginia Becroft						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) P.I.	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets.Adm.Hosp.Ft. Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis, bilateral with cavity formation — 3 Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002

13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1949, to 4-18, 1949, that I last saw the deceased alive on 4-18, 1949, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft.Howard, Md.	4-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/22/49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 4/20/49	REGISTRAR'S SIGNATURE A. W. Heduck	24. FUNERAL DIRECTOR Howard Blight, 6009 Harford Rd., Balto., Md.	ADDRESS

Howard N. Blight Jr. 6009 Harford Rd. Balto - Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32 03568

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson
LENGTH OF STAY (In this place): 1 mo., 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1831 N. Caroline St., Balto., Md.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) O'Toole

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/12/03

9. AGE last birthday: 46 yrs. — If under 1 year: Months 1, Days 29? — If under 24 hrs.: Hours, Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dublin, Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph O'Toole

14. MOTHER'S MAIDEN NAME: Bridget Donnelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-01-8496

17. INFORMANT: Thomas O'Toole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 19.49, to 4/10, 19.49, that I last saw the deceased alive on April 10, 19.49, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stewart S. Shaffer M.D.

ADDRESS: Supt., Mt. Wilson, Md.

DATE SIGNED: April 10, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 4/13/49

NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4/10/49

REGISTRAR'S SIGNATURE: Viola R. Mayer

24. FUNERAL DIRECTOR: Flynn & Fleming, 1426 Light St., Balto.

ADDRESS:

RECEIVED
APR 14 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03569

CERTIFICATE OF DEATH

Reg. Dist. No. 1 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) A. (Last) Parker
4. DATE OF DEATH (Month) April (Day) 29 (Year) 1949

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH Oct. 7, 1878
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Jacob O. Parker
14. MOTHER'S MAIDEN NAME Sarah Sanderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis

Bb Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 13 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1949, to April 29 1949, that I last saw the deceased alive on April 28, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE Milton B. Kress (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 2 - 1949
NAME OF CEMETERY OR CREMATORY Bladensburg Md
LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REG. Apr. 29, 1949
REGISTRAR'S SIGNATURE W. Carroll Paul Hoon Deputy Local
24. FUNERAL DIRECTOR Francis Gasch Sons Hyattsville Md ADDRESS

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03570

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 736 Edmundson ave	STREET ADDRESS (If rural, give location) 736 Edmundson ave 128

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) J. (Last) Parr			4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1949		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-9-1868	9. AGE last birthday 80 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Monumental Life Ins.		11. BIRTHPLACE (State or foreign country) Balto Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles J. Parr			14. MOTHER'S MAIDEN NAME Elizabeth Schieder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Mary A. Parr Wife		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardiac Failure — 2 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio Vas. Disease 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) 0	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1948, to 4-23, 1949, that I last saw the deceased alive on 4-22, 1949, and that death occurred at 445 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James G Howell		Catonsville	4-23

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4-26-49	NAME OF CEMETERY OR CREMATORY Holy Redeemer	LOCATION (City, town, or county) Balto. City (State) Md.
DATE REC'D BY LOCAL REG. 4/25/49	REGISTRAR'S SIGNATURE H.W. Hedrick Dm	24. FUNERAL DIRECTOR John M. Weber	ADDRESS 401 S. Chester St Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

D4 Hawell Jerry O.
715 Frederick ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03571

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7309 Windsor Mill Rd.	STREET ADDRESS (If rural, give location) 7309 Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print)	(First) Louis	(Middle) Engleman	(Last) Paulus	4. DATE OF DEATH	(Month) Apr.	(Day) 29	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Dec. 7, 1871	9. AGE last birthday 77 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME George I. Paulus	14. MOTHER'S MAIDEN NAME Elenora Seplshouse						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-22-4081	17. INFORMANT Mrs. Mary Paulus - 7309 Windsor Mill Rd.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Sclerosis

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis (Cardio Vasc

(c) Renal ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov, 1948 to April, 1949, that I last saw the deceased alive on April 28, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr Thos G Abbott

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/2/49	NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 5/3/49	REGISTRAR'S SIGNATURE H. W. Hedrick Jr	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 03572

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10yr, 10mo 17da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville 28, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1529 W. Fayette Street,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) O. (Last) PETTIE

4. DATE OF DEATH: (Mouth) April (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 7 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and carpenter

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Culpepper, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Spring Grove Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia bilateral, lower lobes	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to hypertensive cardiovascular disease	indefinite
	(c) Others: General Paresis	indefinite

443
30b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1938, to April 18 1949, that I last saw the deceased alive on April 18, 1949, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuerk, by O	ISADORE TUERK, M. D.	CATONSVILLE 28, MARYLAND	4/19/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-3-49	Spring Grove State Hosp.	Catonsville 28, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/3/49	W. E. Harry	Spring Grove St. Hosp. Catonsville 28, Md.

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03573

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave. Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural, give location) Eastern Ave. Road

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) (Last) PFAFF

4. DATE OF DEATH (Month) (Day) (Year): Apr. 25, 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2/14/1848

9. AGE last birthday: 101 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Miller

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Theodore Leonhardt - Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 1 yr.

422.2 Antecedent cause(s)

938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 49, to April, 19 49, that I last saw the deceased alive on April 25, 19 49, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas B Quigley M D 815 Eastern Ave Baltimore, Md 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/8/48
NAME OF CEMETERY OR CREMATORY: First Evangelical
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/28/49

REGISTRAR'S SIGNATURE: A. W. Hedrick DM

24. FUNERAL DIRECTOR ADDRESS
HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

VS. A15

03574

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park
STREET ADDRESS (If rural, give location) Box #371, Chesaco Park, Md.

3. NAME OF DECEASED (Type or Print) (First) MICHAEL PODGURSKI, SR. (Middle) (Last)

4. DATE OF DEATH (Month) 4 (Day) 26 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 11/22/1888

9. AGE last birthday 60 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steelworker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Michael Podgurski

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Box Mrs. Mary Podgurski, 371, Chesaco Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — Sudden

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Arterio-Sclerotic-Cardio-Vascular Disease — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. M. Baumgardner M.D. Balto 6 Md 4-27-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 4/30/49

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery

LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG. 4/29/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS
Schimunek Funeral Home, Inc.
2601-5-5- E. Madison Street

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03575

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville, Md.
STREET ADDRESS (If rural, give location): 2929 Willoughby Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PAUL	RICHARD	REAGON	4	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	2/1/1906	43 yrs.	2	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired	U.S. Army	Texas	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Reagon	Sarah Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW2		Mrs. Paul R. Reagon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 1 hr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Heart Disease — 7 yrs.

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov'r, 1948, to Apr'r 8, 1949, that I last saw the deceased alive on Apr'r 1, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. Dwyer	M.D.	4808 Harford Rd.	4/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
burial	5/2/49	Baltimore National	Baltimore	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/49	H.W. Hedrick	Lanahan Funeral Home	7401 Belair Rd.

Dr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03576

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (In this place) 7 mos., 7 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural give location) 4114 Farragut Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Myrta	V.	Rhodes	April	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	7/10/1874	74 yrs.	8	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Michigan	U.S.

13. FATHER'S NAME: William Van Alstyne

14. MOTHER'S MAIDEN NAME: Rosetta V. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac decompensation with auricular fibrillation	7 days
Antecedent cause(s) 422.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic heart disease	Indef.
	(c) Arteriosclerotic cv. disease	Indef.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1948, to April 1, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Spring Grove State Hospital, Catonsville, Md. DATE SIGNED 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 1949	Flushing	Flushing Michigan

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/49	V E. Harvey	W W Chambers Co.	5801 Cleveland Ave Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03577

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 707 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2
STREET ADDRESS (If rural give location): 1809 Barclay Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WARREN	H.	ROTH	4	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	8-6-24	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ship - Fitter		St. James L. I., New York	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Roth	Ethel Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW II	302-16-3083	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS, REINFECTION TYPE, FAR ADVANCED BILATERAL, ACTIVE, SEVERE SYMPTOMS	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMPYEMA, TUBERCULOUS, RIGHT PLEURAL CAVITY 1½ years; LARYNGITIS, TUBERCULOUS 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
8-29-47 Pneumonolysis, right - 10-19-48	Thoracoplasty, right	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 15, 1947, to April 21 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 9:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. C. MANAUGH, M. D. CHIEF, PROFESSIONAL SERVICES	VAH, FT HOWARD, MD.	4-21-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-49	Baltimore National Cemetery	6501 Frederick Road Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/49	A. W. Hedrick Jr.	Ellsworth Armacost	3911 Liberty Hgts.Ave. Baltimore, Md.

Ellsworth Armacost

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03578

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (in this place): 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 60 Mavista Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 60 Mavista Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	J.	Rowe	April	25,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	W.	July 23, 1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House Duties		Hagerstown Md.	U.S.A.

13. FATHER'S NAME: Isaac Hoffman

14. MOTHER'S MAIDEN NAME: Fannie Myers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Martha Dieterich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-respiratory failure	2 days
443 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	4 days.
	(c) Hypertensive cardio-vascular disease	indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1949, to 4-25, 1949, that I last saw the deceased alive on 4-25, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M. D.	Spanows Point, Md	4-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4/29/49	Welty's Cemetery	Washington County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25-49	Dawson L. Farber	Walter Y. Grove	Waynesboro Pa

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03579

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contrast is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 262 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 262 Ridge Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) LEE (Last) RUHL

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 2, 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Greenspring Valley, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Griffith Lee

14. MOTHER'S MAIDEN NAME: Mary Francis Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Miss Mary E. Ruhl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1/2 hour.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis. Diabetes Mellitus — 1 year.

61 (c) Hypertension.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1949, to Apr 13, 1949, that I last saw the deceased alive on Apr. 13th, 1949, and that death occurred at 5.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel L. Thos. Jenifer — ADDRESS Towson 4, Md. — DATE SIGNED Apr. 14th, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: April 16, 1949 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cemetery — LOCATION (City, town, or county) (State): Towson, Maryland

DATE REC'D BY LOCAL REG.: April 14-49 — REGISTRAR'S SIGNATURE: W. Carroll Van Horn, Dep. Local

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

VS-A15

RECEIVED
APR 21 1949
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 03580

1. PLACE OF DEATH: Co

(a) Baltimore ~~City,~~ Maryland

(b) Street address 1545 Lister Rd.

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)

(d) Street No. 1545 Lister Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Wm J. Sanders Sr.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Daisy E.

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 24, 1889

8. AGE: Years 59 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Herman Sanders

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Koepka

15. Birthplace Germany

16 (a) Informant Mrs Daisy Sanders

(b) Address 1545 Lister Rd. Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 1949 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Frederick A. Vole

(b) Address 1200 W. Lombard St.

19 (a) April 16th 1949 (Date rec'd by registrar) (b) RW ✓ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1949, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934, to April 14 1949, and that I last saw him alive on April 13 1949.

Immediate cause of death	Duration
Pulmonary Edema following myocardial failure	
Chr. myocarditis	3 yrs.
Due to Chronic hypertension	10 yrs.
443	
Due to 93d	
Other Conditions Cerebral haemorrhage	24 hrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frederick V. Beatles M. D.

Address 723 Medical Arts Bldg Baltimore Md Date signed 4-14-49

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03581

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Md Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (in this place) MARYLAND | HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 Dorsey Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | STREET ADDRESS (If rural give location) 419 Dorsey Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) V. (Last) Schaefer

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: 12/16/1867 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Kemp | 14. MOTHER'S MAIDEN NAME: Lina Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Christina Smith 419 Dorsey Ave Essex Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — 24 hrs

443 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, myocarditis, — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Albuminuria Albuminuria — 2 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1949; to 4-14, 1949, that I last saw the deceased alive on 4-13, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maxwell H. Mund. ADDRESS DATE SIGNED 4-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 4/16/49 | NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. April 15 1949 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Howard N. Bluff Jr. | ADDRESS 6009 Harford Rd. Balto-Md

03582

Bc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 1yr-2mos-15das	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring GroveState Hospital	STREET ADDRESS (If rural give location): 341 S. Newkirk Avenue

3. NAME OF DECEASED (Type or Print)	(First) Barbara	(Middle) —	(Last) Schaller	4. DATE OF DEATH	(Month) 4 - (Day) ~~5~~ 4 (Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 6-27-1864	9. AGE last birthday: 84 yrs.	If under 1 year: Months 9, Days 9; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Lewis Steck		14. MOTHER'S MAIDEN NAME: Caroline Hun			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Hospital records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.7
1860

Immediate cause (a) Cardiac failure

Antecedent cause(s) Pneumonia

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture left femur

(c) Hypertension Cardio vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): hospital	(CITY OR TOWN): Catonsville	(COUNTY): Balto. (STATE): Md
TIME OF INJURY (Month) 3 (Day) 14? (Year) 49 (Hour) 5P m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? fall out of bed.	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 45P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo S McKieffer M.D.	Deep Med Eastern Balto Co	1010 Leeds ave	Md 4-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: April 1949	NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery	LOCATION (City, town, or county): North ave. Catd	(State): Md.
DATE REC'D BY LOCAL REG.: 4/7/49	REGISTRAR'S SIGNATURE: A. W. Hedrick JS	24. FUNERAL DIRECTOR: Wendell J. Lippd	ADDRESS: 315 S Highland ave	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03583

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holbrook; LENGTH OF STAY (in this place) 65 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holbrook; STREET ADDRESS (If rural give location) Liberty Road.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) M. (Last) Sellman

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 3 1854

9. AGE last birthday: 94 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mr Roy Sellman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio vascular Disease

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Arteriosclerosis & hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1949, to 4/28, 1949, that I last saw the deceased alive on 4/27, 1949 and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Wm. E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE: 4-30-49 | NAME OF CEMETERY OR CREMATORY: Wards Chapel | LOCATION (City, town, or county) (State): Liberty Rd, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 4/29/49 | REGISTRAR'S SIGNATURE: Wm. E. Martin | 24. FUNERAL DIRECTOR | ADDRESS: C. Harry Weer

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03584

Reg. Dist. No. 30

EVIDENCE FOR REARRANGEMENT OF # 18 IS ON FILE NO. G 120 JUN - 2 1949

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 20 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollabird
STREET ADDRESS (If rural give location) 130 N Lakewood Avenue (Balto. 24) ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Seubert

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/1/68

9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: George Seubert

14. MOTHER'S MAIDEN NAME: Margaret (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) (b) Basal cell carcinoma right lower lip — Indefinute

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) II Arteriosclerotic CV disease — "

(c) (a) Arteriosclerotic Heart disease — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1947, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 6:40 Am., from the causes and on the date stated above.

SIGNATURE Isador Tuefk, M.D. (Degree or title) | ADDRESS Catonsville, 28, Md. | DATE SIGNED 4/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4/26/49 | NAME OF CEMETERY OR CREMATORY: Sacred Heart | LOCATION (City, town, or county) (State): German Hill Road

DATE REC'D BY LOCAL REG. 4/25/49 | REGISTRAR'S SIGNATURE F. W. Hedrick | 24. FUNERAL DIRECTOR: S. Walter Gray | ADDRESS: 619 N. Bouldin St.

VS. A15

03585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson San.
LENGTH OF STAY (in this place): 1 mo. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson Branch, Md. T.B. Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 3010 Linwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Ellen (Last) Shay

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/25/22

9. AGE last birthday: 26 yrs. — If under 1 year: Months. 11 — If under 24 hrs.: Days 19 / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Twin Branch, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levi Johnson

14. MOTHER'S MAIDEN NAME: Essie Bare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 235-30-7123

17. INFORMANT: Mrs. Margaret Shay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 3 yrs., 3 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 19 49, to 4/13/, 19 49, that I last saw the deceased alive on 4/13, 19 49, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE: Stewart S Shaffer — (Degree or title) ADDRESS: Supt., Mt. Wilson, Md. — DATE SIGNED: 4/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 16, 1949 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Ellicott city, Balto, Md.

DATE REC'D BY LOCAL REG. 4/13/49 — REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR — ADDRESS: Chas. J. Schwab, 3512 Fred. Ave., Balto.

VS. A15

RECEIVED
APR 20 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03586 ?

Reg. Dist. No. 43

1. PLACE OF DEATH:

County: Fallston

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Belair Road - R.F.D. #1

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Fallston

City or town: Baltimore Not BC (If outside city or town limits, write RURAL and give nearest town)

Street No.: Belair Rd. R.F.D. #1 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: ANNA LAURA SHIREY

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Joseph F. Shirey

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec 15-1883

8. AGE: Years 65 Months 3 Days 20 If less than one day ... hrs. ... min.

9. Birthplace: Berryville, Va. (Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER 12. Name: Alfred Gardiner

13. Birthplace

MOTHER 14. Maiden name: Annie G.

15. Birthplace

16. Informant: Mr. Joseph F. Shirey

Address: Belair Rd - R.F.D. #1

17. Burial (Burial, cremation, or removal, which?) Date thereof 4-8-49 (month) (day) (year)

Cemetery or crematory: Parkwood

Location: Baltimore

19. Funeral director: L. J. Ruck

Address: 5305 Harford Rd 14

19. 4-7 1949 (Date rec'd by registrar) H. W. Hedrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APRIL 5 1949 at 7:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 17 1948 to April 4 1949 and that I last saw him alive on April 4 1949

Immediate cause of death: Uremia — DURATION: 7 weeks

Due to: Cardio Vascular Renal Disease — 10 years

Due to: 442

Other conditions: 131a Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Robert Barthel M.D. (M. D. or other)

Address: Forest Hill, Md. Date signed 4/6/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03587

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chattolanee — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chattolanee, Owings Mills P.O.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Valley Road, Owings Mills	STREET ADDRESS (If rural, give location): Valley Road, Owings Mills P.O.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Snowden	4	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Colored	widowed	May 25, 1879	69 yrs.	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Clarksville, Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	? Berchard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	none	John Snowden, Chattolanee, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3-1/2 Mos.
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-----		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 - 24 -, 1949, to 4 - 2 -, 1949, that I last saw the deceased alive on 4 - 2 -, 1949, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. E E Nichols — ADDRESS: 1402 Reisterstown Road, Pikesville-8, Md. — DATE SIGNED: 4/4/49

23. BURIAL/~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	April 6,49	St. Lukes Cemetery	Bond Ave.,Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/4/49	Dr. E E Nichols	Mrs. Samuel T. Hemsley, 578 W. Biddle St.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC 03588

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Nook Ave. R. M. Coale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3410 Garrison Blvd.

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) C. (Last) SNYDER
4. DATE OF DEATH (Month) April (Day) 18 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 1870 2-2-70
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Basil Francis Mullineaux
14. MOTHER'S MAIDEN NAME Marcella Virginia Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. P. August Grill, Lwyr. 1204 Fidelity Bld.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	20 min.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Arterio sclerosis	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to April, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 3.45 P m., from the causes and on the date stated above.

SIGNATURE W. Etnsberg Fort (Degree or title) ADDRESS DATE SIGNED 4/19/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/49
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 4-20-49
REGISTRAR'S SIGNATURE L. W. Hedrick
24. FUNERAL DIRECTOR WM. J. TICKNER & SONS ADDRESS Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03589

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1902 W. Fayette Sts.

3. NAME OF DECEASED (Type or Print): (First) HERBERT (Middle) F. (Last) SNYDER

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-10-95

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engr.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Civil Service

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Snyder

14. MOTHER'S MAIDEN NAME: Mary Crumerine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin. Rec. Vets. Adm. Hospital, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Hemorrhage — 8 Hrs.

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at D.O.A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Davis M.D. Dep. Med. Exam. Balto Co. Towsontown 4/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/21/49 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/20/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight, 6009 Harford R., Balto., Md.

Howard H. Blight, 6009 Harford Road Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03590

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; LENGTH OF STAY (in this place) 40; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne; STREET ADDRESS (If rural, give location) 3919 Hollins Ferry Rd.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Franklin (Last) Sorrell

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1949

5. SEX: male

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct-5-1868

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Huckster

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Sorrell

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary E. Sorrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cardio - vascular - renal disease — Interval between onset and death: 9 months

442

Antecedent cause(s)

1310

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March, 1949, that I last saw the deceased alive on 3/25, 1949, and that death occurred at 1 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walther H. Sommerfeldt M.D. 2708 Hollins Ferry Rd. 4/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE April 13 '49 — NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk — LOCATION (City, town, or county) (State) Baltimore Co. Md

DATE REC'D BY LOCAL REG. 4/11/49 — REGISTRAR'S SIGNATURE H.W. Hedrick — 24. FUNERAL DIRECTOR Mrs. Frances A. Hemsley — ADDRESS 578 W. Biddle St

DR

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition in #18 shown on:

FILM No. G 1[illegible] MAY 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03591

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town Arbutus
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Arbutus
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5513 Willys Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mary A. Spittel

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: George E. Spittel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 6th 1896

8. AGE: Years 53. Months 2 Days 3 If less than one day — hrs. — min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: At Home

FATHER
12. Name: Henry Yager
13. Birthplace: —

MOTHER
14. Maiden name: Elizabeth Wahl
15. Birthplace: —

16. Informant: George E. Spittel

Address: 5513 Willys Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 12/49 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balti. Md.

18. Funeral director: T. B. Wippert & Son

Address: 1600 Eutaw Place

19. 4/13 (Date rec'd by registrar) 1949 A. W. Hedrick Dm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1949 at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27 1948, to Apr 8 1949

and that I last saw her alive on Apr 8 1949

Immediate cause of death: Carcinoma of Breast + Spine + gland

Due to: Primary site Breast. Rt. breast removed in 1946

Due to: 170 5/24/49 - a.m.s.

50

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Carl P. Roehling M. D. or other

Address: 1316 W. Lombard St. Date signed 4/12/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for addition of #18 shown on: (B)

FILM No. G 120 MAY 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03592

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oella
STREET ADDRESS 2315 Waters ave (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Savoy (Last) Steel
4. DATE OF DEATH (Month) April (Day) 1 (Year) 1949
5. SEX 7
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feby 22 1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dymeshi
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Berry
14. MOTHER'S MAIDEN NAME Betsy ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Lalla Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

174 Immediate cause (a) Acute Cardiac failure

48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of uterus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE Geo Lm Kieffer MD (Degree or title) Deptmed Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED 4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 4
NAME OF CEMETERY OR CREMATORY Mt. Gilbo
LOCATION (City, town, or county) (State) Balto, Co

DATE REC'D BY LOCAL REG. 4/4/49
REGISTRAR'S SIGNATURE L Dwtbedrick
24. FUNERAL DIRECTOR Mrs Frances A Hemsley ADDRESS 578 W. Biddle

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc

03593

Reg. Dist. No. 4X

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural give location): 26 S. Bernice St.

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) B.	(Last) STEIGERWALD	4. DATE OF DEATH	(Month) April	(Day) 25 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 2-5-95	9. AGE last birthday: 54 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Steigerwald		14. MOTHER'S MAIDEN NAME: Ida McQuillan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 213-07-5134	17. INFORMANT: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EDEMA	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Lung	unknown
	(c) Hypertensive Cardio-Vascular Disease	2 yrs.

163

47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-4, 1949, to 4-25, 1949, that I last saw the deceased alive on 4-25, 1949, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	VAH Fort Howard, Md.	4-26-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF: 4/29/49	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 4/26/49	REGISTRAR'S SIGNATURE: A W. Hedrick Drn	24. FUNERAL DIRECTOR: William Tickner & Sons	ADDRESS: North & Penn. Aves. Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH 03594

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard | LENGTH OF STAY (in this place) 116 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1407 N. Luzerne Avenue

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) W. (Last) STEIN

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 10-2-91

9. AGE last birthday: 57 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Stein

14. MOTHER'S MAIDEN NAME: Barbara Batterhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: 215-07-8212

17. INFORMANT: Clin.Rec. Vets. Adm. Hospital, Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the head of pancreas	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18-, 1948, to 4-13-, 1949, that I last saw the deceased alive on 4-13-, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H.C. Manaugh, M.D. Chief Pro. Services VAH, Ft.Howard, Md. 4-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: April 18, 49 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/14/49 | REGISTRAR'S SIGNATURE: H. W. Hedrick DM

24. FUNERAL DIRECTOR | ADDRESS: Leo Cook, Patterson Prk. Ave., Balto., Md.

03595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco (Rural) LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco (Rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY - E - STILL
4. DATE OF DEATH (Month) (Day) (Year) Apr 21 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH Oct 5 - 1869
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Wm. S. Cooper
14. MOTHER'S MAIDEN NAME Keziah S. Wilhelm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs Geo Ruby - Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-renal Vascular Disease ?

(c)

442
131a

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 1, 1949, to Apr. 21, 1949, that I last saw the deceased alive on Apr 20, 1949, and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bach (Degree or title) MD ADDRESS Hampstead Md DATE SIGNED 4/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 24/49
NAME OF CEMETERY OR CREMATORY Mr Zion
LOCATION (City, town, or county) Balto Co (State) Md
DATE REC'D BY LOCAL REG. 4-22-49
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR Edw. C. Tipton, Hampstead Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03596

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.
STREET ADDRESS (If rural, give location) 4233 Gravel Ave.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Stipek

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 2/4/83

9. AGE last birthday 66 yrs. If under 1 year: Months 2, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Czeck.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Joseph Stipek

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CANCER OF LUNG	18 MOS. +
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c)	

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47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1947, to 4/23, 1949, that I last saw the deceased alive on 4/18, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John W Macken M.D. ADDRESS 6331 Belair Rd. Balto (6) DATE SIGNED 4/24/1949

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 4/26/49
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 4/25/49
REGISTRAR'S SIGNATURE Dw Hedrick
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03597 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 112 E. Chesapeake Ave.

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) (Last) Stokes

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 12, 1895
9. AGE last birthday 53 yrs. If under 1 year Months 8 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private Homes
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Simon Greenhill
14. MOTHER'S MAIDEN NAME Fannie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Linwood Stokes 112 E. Chesapeake Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, uterus, with general metastasis	2 yrs
174 Antecedent cause(s)		
48 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Name for 10 years, 19....., to....., 1937, that I last saw the deceased alive on....., 19....., and that death occurred at 3 10 A m., from the causes and on the date stated above.

SIGNATURE Rollin C. Hudson Msl. (Degree or title) D.M.E. ADDRESS Towson Md. DATE SIGNED 4/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/19/1949
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Blackstone, Va (State)

DATE REC'D BY LOCAL REG. 4/19/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs. George H. Holland ADDRESS 1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03598

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard; MARYLAND; LENGTH OF STAY (in this place) 8 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 808 N. Gilmore

3. NAME OF DECEASED (Typo or Print): (First) CHRISTOPHER (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 3-22-1887

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Churchton, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Theophilus Thompson

14. MOTHER'S MAIDEN NAME: Susie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(e) Nephrosclerosis	Unknown
442 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29-, 1949, to 4-6-49, that I last saw the deceased alive on 4-6-, 1949, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Manaugh. H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft.Howard, Md. 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE 4/10/49; NAME OF CEMETERY OR CREMATORY: Brew Hill Cemetery; LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG. 4/7/49; REGISTRAR'S SIGNATURE A.W. Hedgpeth; 24. FUNERAL DIRECTOR ADDRESS: Hicks Funeral Home, Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03599

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 54

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton; MARYLAND; LENGTH OF STAY (in this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trenton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) M (Last) Thompson

4. DATE OF DEATH: (Month) Apr (Day) 30th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 5-1863

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Thompson

14. MOTHER'S MAIDEN NAME: Rachel Bostom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs David M. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Cerebral Thrombosis — Interval Between Onset and Death: 2 weeks

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic C.V. Disease — 20 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1935, to April 30, 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Maurice C. Partridge M.D. | Hampstead, Md | April 30, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 3-1949 | NAME OF CEMETERY OR CREMATORY: Grace Cemetery | LOCATION (City, town, or county) (State): Balto County Md

DATE REC'D BY LOCAL REG. 5-1-49 | REGISTRAR'S SIGNATURE: Mary B. Ellis. | 24. FUNERAL DIRECTOR: Edward C. Dipton | ADDRESS: Hampstead Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03600

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 WISE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 114 WISE AVE

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) (Last) THOMPSON

4. DATE OF DEATH (Month) APR (Day) 26 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JULY 17, 1880
9. AGE last birthday 68 yrs. If under 1 year Months 9 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) SCRANTON PA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME EDMUND WILLIAMS
14. MOTHER'S MAIDEN NAME — Unknown —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT EDMUND THOMPSON - 25 WATERVIEW Balto-22 RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	myocardial failure.	2 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardio Vascular disease.	10 years
	(c)	Hemiplegia.	5 years

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1943, to April 26 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE Louis N. Tollin. (Degree or title) M. W. ADDRESS 6408 North Point Rd Balto-19-Md. DATE SIGNED 4/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/29/49
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) Woodlawn Md (State)

DATE REC'D BY LOCAL REG. 4/28/49
REGISTRAR'S SIGNATURE A.W. Hedrick Dm
24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 2400 Chilcam St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03691

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 139 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) COOPER (Middle) V. (Last) TIBBETT

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 3/10/94

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent Co.,Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tibbett

14. MOTHER'S MAIDEN NAME: Mary Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.Vets.Adm., Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 **Immediate cause** (a) Carcinoma of right lung — Interval between onset and death: One Year

472 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1948, to 4/10, 1949, that I last saw the deceased alive on 4/10, 1949, and that death occurred at 4:55 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.C. MANAUGHY M.D. — Chief of Pro. Services — VAH, Ft.Howard, Md. — 4-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-13-49 — NAME OF CEMETERY OR CREMATORY: Chester C metery — LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: April 11-49 — REGISTRAR'S SIGNATURE: Dawson L. Harbey — 24. FUNERAL DIRECTOR AND ADDRESS: J. Willis Wells, Chestertown, Md.

RECEIVED
APR 13 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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03602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5627 Oregon ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 5627 Oregon ave.

3. NAME OF DECEASED (Type or Print) (First) AUGUSTA (Middle) — (Last) TREUCHEL

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr 17, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME John Trimpert
14. MOTHER'S MAIDEN NAME Louisa Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Marie Fuchs - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334	Immediate cause	(a) Cerebro-vascular disease	3 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ none
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from July, 1948, to 29 April, 1949, that I last saw the deceased alive on 29 April, 1949, and that death occurred at 730 A.m., from the causes and on the date stated above.

SIGNATURE William Goodman; (Degree or title) M.D. ADDRESS 1334 Sulphur Spring Rd Balto 27, Md. DATE SIGNED 30 April 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 3-49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 5/2/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Geo L. Beyer Jr. ADDRESS 1512 Hollins St

JS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03603

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 yrs.

Hospital, institution, or street address where death occurred: Presbyterian Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Balto.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Elmhurst Road.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ellen D. Truitt

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) ~~Single, married, widowed, or divorced~~: widow

6.(b) Name of husband or ~~wife~~: Dr George W. Truitt

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 21 - 1859

8. AGE: Years 89 | Months 11 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Jacob Wolf
13. Birthplace: Md.

MOTHER
14. Maiden name: Emily Jane Dorsey
15. Birthplace: Md.

16. Informant: Presbyterian Home

Address: Towson Md

17. Burial
(Burial, cremation, or ~~removal~~, which?) Date thereof 4/16/49 (month) (day) (year)

Cemetery or ~~crematory~~: Druid Ridge

Location: Pikesville Md.

18. Funeral director: John O. Mitchell & Sons, Inc

Address: 1902 Eutaw Place

19. April 14 1949 (Date rec'd by registrar) W. Carroll Van Horn Dep. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1949, at 7 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1949 to April 13 1949 and that I last saw her alive on April 13 1949

Immediate cause of death: apoplexy — DURATION: 5 days

Due to: Arteriosclerosis & Hypertension — unk.

Due to:

Other conditions: 334 (Include pregnancy within 3 months of death)

830

Major findings of operations: ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M.D. M. D. or other

Address: Towson - 4 - Md Date signed 4/14/49

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 03604 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45

1. PLACE OF DEATH:
County Baltimore
City or town English Consul Box 403
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town English Consul
(If outside city or town limits, write RURAL and give nearest town)
Street No. Park Drive Box 403
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Bessie Rosetta Voigt

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	white	married

6.(b) Name of husband or wife Oswald R. Voigt
6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Febr. 15, 1894

8. AGE: Years	Months	Days	If less than one day
55	2	14	hrs. min.

9. Birthplace Baltimore County, English Consul, Maryland (Town, county, and state)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name Joseph T Hauck
13. Birthplace Baltimore City

MOTHER
14. Maiden name Elizabeth Ponkampf
15. Birthplace Baltimore City

16. Informant Husband Oswald R. Voigt
Address Box 403 Engl. Consul B'more City

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/3/49 (month) (day) (year)
Cemetery or crematory Baltimore National Cemetery
Location Baltimore, Md.

18. Funeral director WM. J. TICKNER & SONS
Address Baltimore, Md.

19. May 2 1949 R. W. Hebert Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1949 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947, to Apr. 29 1949 and that I last saw her alive on Apr. 22 1949

Immediate cause of death Cancer of body of uterus, uremia — DURATION: approximately 2 1/2 years

Due to
Due to TPD 48 hr
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gerdrud Sonnenfeld M.D. for R.W.H. M. D. or other
Address 2708 Hollins Ferry Rd Date signed 4/29/49

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03605

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills — LENGTH OF STAY (in this place): 32 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): Dolfield Road

3. NAME OF DECEASED (Type or Print)	(First) Christian	(Middle)	(Last) VonGunten	4. DATE OF DEATH	(Month) April (Day) 9, (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 5, 1867	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Switzerland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Christian VonGunten		14. MOTHER'S MAIDEN NAME: Rosina Armong			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT: Rosina VonGunten			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1

Immediate cause (a) Gangrene of R leg & foot

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Burn on R leg

97

(c) Arteriosclerosis

?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Dr. Tale Query Burns?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/, 1949, to 4/9/, 1949, that I last saw the deceased alive on 4/9/, 1949, and that death occurred at 9:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin, M.D. Randallstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: April 12, 1949	NAME OF CEMETERY OR CREMATORY: Mt. Paran	LOCATION (City, town, or county) (State): Harrisonville Md.
DATE REC'D BY LOCAL REG.: 4/10/49	REGISTRAR'S SIGNATURE: Wm. E. Martin	24. FUNERAL DIRECTOR: J. F. Eline Sons	ADDRESS: Reisterstown, Md.

RECEIVED
APR 13 1949
BUREAU V. S.

Evidence to change Birth Date & Age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

BC 03606

FILM No. G 12C MAY -6 1949

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 17yr-1mo.-9das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2602 Washington Boulevard

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth	Jane	Wachter	4 -	26 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	3-23-1862 1866	83 87 yrs.	1	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Washington, D. C.	USA

13. FATHER'S NAME: John E. Wise

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	?	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

422.1 932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Geo. J. Kiefer M.D. Dep. Med. Exam.	1010 Leadenhall	4-26-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/29-49	MT OLIVET	FREDRICK RD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/27/49	~~Edward Jenkins~~ H. C. Fiedrich Jr	Edward Foulson	Work. Blvd Route 5 & 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03607

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 508 Edmondson Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Loretta C. Wedel

3. (b) Social Security Number: 215-03-7406

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: George H. Wedel

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 18, 1884

8. AGE: Years 64 | Months 6 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Assistant Manager

11. Industry or business: Charles - Apartment

FATHER
12. Name: Herman F. Lucke
13. Birthplace: New York City

MOTHER
14. Maiden name: Frieda Appel
15. Birthplace: Germany

16. Informant: Dora L. Lucke
Address: 508 Edmondson Ave

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: April 12th 1949
(month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore City

18. Funeral director: Mr. & Mrs. John W. Teufel & Son
Address: 5311 Edmondson Ave

19. 4/11 1949
(Date rec'd by registrar)

D. W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1949 at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2 1947 to April 8 1949 and that I last saw her alive on April 8 1949

Immediate cause of death	DURATION
Carcinoma Body Uterus with Diffuse Intra Abdominal Metastases	18 Months
Due to: 172	
Due to: 48	
Other conditions: Hypertensive Cardio Vascular Disease	5 Yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma Body Uterus c̄ Invasion Broad Ligament Date of op. Nov. 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Robert F. Healy
M. D. or other

Address: 301 Med. Arts. Balto-1 Md Date signed: 4/9/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03698

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporete limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 711 Morningside Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 711 Morningside Drive

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) E. (Last) White

4. DATE OF DEATH: (Month) April (Dey) 20 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 18, 1900

9. AGE last birthdey: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): office mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Am.Smeltng.Rfg.Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Plummer White

14. MOTHER'S MAIDEN NAME: Augusta E. Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorothea White 711 Morningside Dr. Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 468

Immediate cause (a) Carcinoma Stomach with Metastasis — Interval Between Onset and Death: 4 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-7-49

19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma Fundus Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-4-48, 19....., to 4-20....., 19 49, that I last saw the deceased alive on 4-20....., 19 49, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE J. N. Wilson (Degree or title) ADDRESS 617 W. 40th St., Baltimore 11 Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 4/23/49 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county): Balto., Md. (State)

DATE REC'D BY LOCAL REG. 4/22/49 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc

03609

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, Md.
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft. Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore, Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1440 Mount Mor Court,Balto.17,Md.

3. NAME OF DECEASED (Type or Print) (First) EARL (Middle) H. (Last) WHYTE

4. DATE OF DEATH (Month) 4/3/49 (Day) (Year) 19

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mar.-sep.

8. DATE OF BIRTH 10/17/05

9. AGE last birthday 43 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harvey Whyte

14. MOTHER'S MAIDEN NAME Eva Daw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WWII

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Clin.Rec.Vets.Adm.Hosp.Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) CARCINOMA OF STOMACH WITH GENERALIZED METASTASES — INTERVAL BETWEEN ONSET AND DEATH: Unknown

46b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/49, 19....., to 4/3/49, 19....., that I last saw the deceased alive on 4/3/49, 19....., and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE John P. Greene (Degree or title) JOHN P. GREENE, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 4/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/6/49 NAME OF CEMETERY OR CREMATORY Balto Nail Cem LOCATION (City, town, or county) Balto County (State) Md.

DATE REC'D BY LOCAL REG. 4/5/49 REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR Chas. G Cooper ADDRESS 512 Canvellton Av.

EVIDENCE FOR CHANGE OF AGE & BIRTH DATE IS ON:

FILM No. G 11 APR 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Re 03610

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Haarlem Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Baltimore City — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville // Md. 1921 Patterson
STREET ADDRESS (If rural give location): Edmondson Ave. pk av.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M (Last) Williams

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. ~~29~~ 24, 1869

9. AGE last birthday: ~~77~~ 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: David Williams 1921 Patterson Pk Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4/4/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic C V Disease	Short
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1943, to 4/4, 1949, that I last saw the deceased alive on 4/3, 1949, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] ADDRESS: 3629 Edmondson Ave DATE SIGNED: 4/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/7/49 — NAME OF CEMETERY OR CREMATORY: Cathedral — LOCATION (City, town, or county) (State): Frederick Rd.

DATE REC'D BY LOCAL REG. 4-5-49 — REGISTRAR'S SIGNATURE: AWH L [signature]

24. FUNERAL DIRECTOR: Clarence F. Hoffmann — ADDRESS: 1639 Broadway.

EVIDENCE FOR CHANGE OF AGE IS ON!

FILM No. G 120 APR 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03611

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Balto

City or town Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 414 Virginia Ave Towson Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No. 414 Virginia Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Bessie Stepp Williams

3. (b) Social Security Number

4. Sex F.

5. Color or race C

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Oscar Williams

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 23rd 1905

8. AGE: Years 43 ~~44~~ Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Towson Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Carroll Stepp
13. Birthplace Ford Md.

MOTHER
14. Maiden name Clara Hammond
15. Birthplace Md.

16. Informant Mary Stepp
Address 414 Virginia Ave Towson

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof April 7th 1949
(month) (day) (year)

Cemetery or crematory Pleasant Rest

Location Towson Balto Co. Md.

18. Funeral director Byron & Mamie W. Wright
Address 721 Aisquith St Balto Md.

19. April 5 1949 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1949 at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1947 to April 1 1949 and that I last saw h[illegible] alive on April 1 1949

Immediate cause of death Chronic Myocarditis

Due to 422 +

Due to 93d

Other conditions

(Include pregnancy within 3 months of death)

DURATION 2 yrs 3 mo

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address 2329 Guilford L Date signed April 5-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03612

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH: County: Baltimore; City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, Institution, or street address where death occurred: Harlem Lodge, Harlem Lane

How long in hospital or Institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: New Mexico County:

City or town: Santa Fe (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Maude Frances Williams

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: late Alfred Wilkiams 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 30, 1876

8. AGE: Years	Months	Days	If less than one day
72	7		hrs. min.

9. Birthplace: Wyoming (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER 12. Name: Jasper N. Keller

13. Birthplace: ---- Unknown

MOTHER 14. Maiden name: Betty Henshaw

15. Birthplace: ----- Unknown

16. Informant: Mrs. Ralph Keller

Address: 106 Riverside Terrace, Chestertown Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: April 5/49 (month) (day) (year)

Cemetery or crematory: Loudon Pk. Crematory

Location: 3801 Frederick Rd.

18. Funeral director: Harry H. Wittle

Address: 4101 Edmondson Ave.

19. April 5 1949 A. W. Hedrich Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/4 1949, at 1 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/21 1949 to 4/4 1949 and that I last saw h.e alive on 4/3 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 wk
Due to Generalized Cerebral Arteriosclerosis	2 yrs +
Due to 331	
Other conditions 83a	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: TB RANCH Injured at work?

23. SIGNATURE: M. D. or other

Address: 3629 Edmondson Av. Date signed: 4/4/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03613

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND 2nd
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 10 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Yorkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 56 Yorkway

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) LEROY (Last) WILSON
4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12 Oct 1889
9. AGE last birthday: 59 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Oil Refinery
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN WILSON
14. MOTHER'S MAIDEN NAME: ELIZABETH CONNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-01-4052
17. INFORMANT: Mrs. Helen Wilson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (420.1)	(a) Coronary occlusion	12 hours
Antecedent cause(s) (94a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis - arterial hypertension	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April, 1949, that I last saw the deceased alive on 3 April, 1949, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bernard W. Dorsch M.D. 8 Liberty Parkway, Dundalk Md 10 April 49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 4/13/49 NAME OF CEMETERY OR CREMATORY Loudon Pk LOCATION (City, town, or county) (State) Frederick Co. Balto Md

DATE REC'D BY LOCAL REG. 4/12/49 REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John J. Kenny Inc. ADDRESS 714 Light St

STATE OF MARYLAND—CERTIFICATE OF DEATH

03614

1. PLACE OF DEATH

County BALTIMORE Registration Dist. No. 30

Village or City Catonsville Manor No. 1218 McAdoo Rd. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith E. Wineke If U. S. Veteran, specify WAR ...

(a) Residence: No. 1218 McAdoo Rd. St., Ward ...
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles F. Wineke

6. DATE OF BIRTH (month, day, and year) April 19, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Pa

FATHER

13. NAME Jacob J. Breighner

14. BIRTHPLACE (city or town) ... (State or country) Pa.

MOTHER

15. MAIDEN NAME Angeline Groff

16. BIRTHPLACE (city or town) ... (State or country) Pa.

17. INFORMANT Mrs. H. Welch (Address) 1218 McAdoo Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Cathedral Date 4/26, 1949

19. UNDERTAKER Martin Faher & Sons (Address) 1827 W. North Ave.

20. FILED 4/25, 1949 A. W. Adcock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 23 (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1949, to 4/23, 1949

I last saw her alive on 4/23, 1949; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	1 Month
Hypertensive Cardiovascular Disease	10 yrs +
443	
(a)	
Other Contributory Causes of importance: Diabetes Mellitus	10 yrs +

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify ...

(Signed) T. O. Crouch M. D.

(Address) 3629 Edmondson Ave. Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Eivdence for change of birth date on:

03615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 11 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Feather Bed Lane	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural give location) Feather Bed Lane
3. NAME OF DECEASED (Type or Print): (First) Regina (Middle) Louise (Last) Wintz	4. DATE OF DEATH: (Month) (Day) (Year) April 13, 1949
5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Feb. 4, ~~1885~~ 1895; 9. AGE last birthday: 54 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework; 10b. KIND OF BUSINESS OR INDUSTRY: Home.	11. BIRTHPLACE (State or foreign country): Baltimore City; 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Henry Bates	14. MOTHER'S MAIDEN NAME: Isabelle R. McCarthy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service); 16. SOCIAL SECURITY No.: none.	17. INFORMANT: Harry Wintz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) Cerebral Hemorrhage	1 hr.
932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C-V Disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none.	19b. MAJOR FINDINGS OF OPERATION: none.	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none	(CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While at Work ☐ none	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan., 1938, to 4-13, 1949, that I last saw the deceased alive on 4-9, 1949, and that death occurred at 8 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. D. Eagles, M. D.	Reisterstown, Md.	4-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 15, 1949	Druid Ridge	Baltimore Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-15-49	Mary B. Eline.	J. F. Eline & Sons	Reisterstown, Md.

RECEIVED
APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Not. B.C.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03616

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and giva nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6334 Dogwood Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARIE-M-WODE

4. DATE OF DEATH (Month) (Day) (Year) April 5 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/24/23.
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Alvin Wode
14. MOTHER'S MAIDEN NAME Marie Belloff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 218-18-0168
17. INFORMANT Personal History-Hospital Records, Eudowood Sanatorium.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002

13b

INTERVAL BETWEEN ONSET AND DEATH: Since September 1947

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1948, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 10:25 P m., from the causes and on the date stated above.

SIGNATURE W A Bridges (Degree or title) ADDRESS M.D. Eudowood Sanatorium, Towson 4, Md. DATE SIGNED 4-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 9-49
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) Violetsville - (State) Md

DATE REC'D BY LOCAL REG. April 9th 1949
REGISTRAR'S SIGNATURE R.W. A.W. Hedrick
24. FUNERAL DIRECTOR H. B. Wippert & Son
ADDRESS 1300 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03617

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wilkins Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Wilkins Avenue

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) JACOB (Last) ZAISER

4. DATE OF DEATH (Month) Apr. (Day) 3rd (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Aug. 21, 1865
9. AGE last birthday 83 yrs. If under 1 year Months 7 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Farmer
10b. KIND OF BUSINESS OR INDUSTRY Milk
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lewis Zaiser
14. MOTHER'S MAIDEN NAME Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-18-1821
17. INFORMANT Roland Zaiser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 1 day

177 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate c Metastases 2 yr.

51b (c) Generalized Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1947, to Apr 3, 1949, that I last saw the deceased alive on Apr 3, 1949, and that death occurred at 11 15 A.m., from the causes and on the date stated above.

SIGNATURE James M Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 4/4

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/6/49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 4/6/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 8 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03618

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 2530 Ashland Avenue

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Jindrich) (Last) Zavadil			4. DATE OF DEATH (Month) April (Day) 10 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1866	9. AGE last birthday 82 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Zavadil			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Upper Mesenteric Thrombosis	48 hours
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Coronary Disease	Indefinite
	(c) Arteriosclerotic Cardiovascular Renal Disease	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cecitis - henorrhagic	2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4 1948, to April 10, 1949, that I last saw the deceased alive on April 10, 1949, and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead, M.D. (Degree or title) ADDRESS Henry C. A. Mead, M. D. Catonsville, 28, Md. DATE SIGNED 4/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/13/49	NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.
DATE REC'D BY LOCAL REG. 4/12/49	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street	ADDRESS

DM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03619

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 23 East Henrietta St.

3. NAME OF DECEASED (Type or Print): (First) Belle (Middle) — (Last) Zurker

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widow | 8. DATE OF BIRTH: 1-24-187[illegible] | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Marion Pearson | 14. MOTHER'S MAIDEN NAME: Juletta Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	10 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97	(b) Arterio sclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1948, to April, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 8 40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Kees	M.D.	Cockeysville Md.	April 22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-49	Baltimore Cemetery	Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-22-49	Laura M. Schroeder	Wm. Cook	St Paul & Preston St

RECEIVED
APR 23 1949
BUREAU V. S.